### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-20

# CERTIFICATE OF DEATH

				4	47
Reg.	Diat.	No.	1	~	

	Well want to the second
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Transport	21 7 1
(If outside city or townshimits, write KUKAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town thits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Michael Jee !	Jaugher
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
my de single	20. DATE OF DEATH 2 3 august 1946, at 3 P. 1
S.(b) Name of husband or wife	21. I CERILFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of	and that I last saw hallye on
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Add.	tracture base of skull
7 / 2hrs	18.
9. Birthplace Jown, county, and state)	Due to.
10. Usuai occupation.	a piele
	Due to
11. Industry or business	70
12. Kame John Elinton Bourgh	Other conditions
3. 13. Bethplace Walkersville Office	(Include pregnancy within 3 months of death)
14. Malden name Margaret 21. Fritz 15. Birthplace Startytown 29d	Major findings of operations.
= 15. Birthplace Siberly low, Hyd	Date of op.
18. Informant John 6/ Baugher	Antopsy results None
Address Liberty town, Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bd. Dia & 1 Day 25 198	22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereof (month) (day) (year)	Accident, swields, or homioids, franchistant Date of State of Stat
Cemetery or crematory 6000	Where did injury occur? (City of town) (County) (State)
Location Tilarly town 240	Injured at home, f2rm, Industry, public place (where?)
18. Funeral director Powelle & Hartyle	Means of Injury Blace with jack Injured at work?
911 1. 1. 1241	al a Nana De a
Address Noods Voto	23. SIGNATURE
19/4 User Carrie	rar Address Frederick, med Date signed 8/24/46
(Date rec'd by registrar) Registr	Par II Address. Luare signed

EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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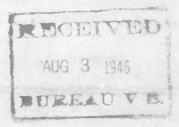
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

Reg. Diat. No..

				1
CERTII	FICA'	TE O	FD	EATH

1. PLACE OF DEATH:- County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	State Maryland County Frederick  Rural - Nr. Frederick  (If outside city or town limits, write RURAL and give nearest town)			
Rural - Nr. Frederick (If outside city or town limits, write RUKAL and give nearest town)				
How long In above place of death? Lifetime	(If outside city or town limits, write RURAL and givs nearest town)			
Hospital, Institution, or street address where death occurred:	Street No			
flow long in hospital or instillution?	2.(a) If veleran, name war			
3.(a) FULL NAME	3. (b) Social Security Number			
EDWIN AUSTIN BAUGHMAN  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
7, 00%				
Male White Widowed	20. DATE OF DEATH August 1 19.46 at 9:30 A. at			
6.(b) Name of headend or wife Caroline J. Kilroy	21. I CERTIFY that death occurred on the date above staled; that I attended deceased from			
	June 1944, 10 2 9, 1 1944			
7. Birth date of	and that I last saw base allve on Jacks			
deceased (mo., day, yr.) OCTODER 10, 1882  8. AGE: Years   Months   Uays   If less than one day	Immediate causs of death DURATION			
63 9 22hrsmin.	acute delatation 15ming			
9. Birlhplace Frederick Frederick Co., Md. Vehicle	Oue to			
10. Usual occupation Retired Commissioner of Motor				
11. Industry or business	Due to			
E 12. Name Louis Victor Baughman	Cther condillons			
13. Birthplace Frederick, Md.				
	(Include pregnancy within 3 months of death)			
14. Malden name. Helen Abell	Major findings of operations.			
15. 8irihplace Baltimore, Md.	Date of op			
16. Informant Mrs. Charles H. Conley	Autopsy results			
Address Frederick, Maryland	22. VIOLENCE: tf death was due to external causes, fill in the following;			
Burial Burial Date thereof August 3, 1916	Accident, suicide, or homicide			
Cemelery or seements. St. Johns Cemetery	Where did tajury occur?			
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)			
18. Funeral director. C. E. Cline & Son	Means of Injury Injured at work?			
The 3 1 1 Me 2 1	D me			
Address Frederick, Maryland	23. SIGNATURE M. D. or other			
19.2 - Ung 19.46 Chalette 3. Hell. (Date ree'd by Agristrar) Registrar	7 11. al md 8/2/4/			
(Date rec'd by fegistrar)	Address & d Latter and the same and th			



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

# CERTIFICATE OF DEATH

1802313 Reg. Dist. No.

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
VUINIT/	Manager 1
Frederick Junction (ru	h.ittien.g
How long in above place of death?	Otty or town Frederick Junction (rural) (1f outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
GRACE G. BEARD	None
4. Sex   5. Color or race   S.(a) Single, married, wildowed, or divorce	
Female White Widowed	20. DATE OF DEATH August 31st. 1946 21 8 A. M
6.(b) Name of husband or Harry Beard	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	may 18 46, 10 aux 3/ 19 76
7. Birth date of	and that I last saw h alive on deep 18 18 46.
deceased (mo., day, yr.) May 18-18/2	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cornain Occlusion
74 3 13hrs	min.
9. Birthplace	Que to
Housekeeper	
1U, Usual occupation	Due to
11. Industry or business Home	Junio Mizorandillo
12. Name Wm. H. Roberts	Dither conditions
13. Birthplace Frederick County Maryland	(Include pregnancy within 3 months of death)
Mary Ellen Doyle	
Frederick County Maryland	Major findings of operations.
21 15. Biringplace 22 October 50 Miles y Leader	Date of op.
16. Informant Chas. W. and Otto E. Beard	mercence as the test of the state of the sta
Address 508 S. Savage St. Balto. Maryla	na
Burial Burial Date thereof Sept. 3-19 (Sports) (Sports) (Sports)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, esemation, or removal, Which!) (month) [day) (	
Cemetery or trematory Mount Hope Cemetery	Where did injury occur?
Location Woodsboro, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C.E.Cline and Son	Means of Injury Injured at work?
Address Frederick, Maryland	23. SIONATURE FOWARD 20. Och M. D. or other
1.1. 1.10 10.11	
19. 3 Dept 19 H Elyabetta 3. T	Registrar Address Frederick Mu Date signed 12/46

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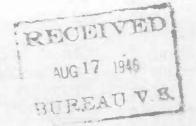
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48.6

### CERTIFICATE OF DEATH

			CLICITICA	IL OI DEATH	Reg. Dist. No	
1. PLACE OF DEATH: County Frederick Cityor town Frederick Cityor town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Frederick City Hospital How long in hospital or institution? 2 Months				City or town (If outside city or town Streel No. Francis Scot	ce of mother) Frederick County  limits, write RURAL and give nearest town) tt Key Hotel , give LOCATION)	
3. (a) FULL NA		I BANT	Z BERRY		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
F	W		W		gust 15, 19 46 14:20A	
6.(b) Name of husba 7. Birth date of deceased (mo., da	IInlmon	6.(	Berry c) If allve, give ageyears	and that I last saw h		
8. AGE: Te	ars Months	Bays	If less than one dayhrs. min.	Immediagranse of death	Mecan DURATION	
9. Birthplace Frederick-Frederick-Maryland (Town, county, and state)  10. Usual occupation None  11. Industry or business  12. Name William S. Bantz				Other conditions		
13. Birthplace Frederick County Maryland  14. Maiden name. Catherine Brunner  15. Birthplace Frederick County Maryland  16. Informant. Hospital Records				(Include pregnancy within 8 months of death)  Major findings of operations		
	Hospital	Recor	ds	Autopsy results	to which death should be charged statistically.	
Burial Burial Burial Bate thereof (month) (day) (year)  Cemetery or crematory. Mount Olivet Cemetery					nal causes, fill in the following;	
Location	Frede	rick,	Maryland	tnjured at home, farm, Industry, public pla	ace (where?)	
18. Funeral director M. R. Etchison and Son Address Frederick, Maryland				Means of Injury	Injured at work?	
19. 16 Quay (Date rec'd by registrar)  19. (Date rec'd by registrar)				/ '	M. D. or other [aryland Date signed 8-16-46	



9-45-12

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEA	Fre	derick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Tiles o	derick	***************************************	State Maryland County Frederick		
(If o		J	URAL and give nearest town)	City or term (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?  Wospital, institution, or street address where death occurred:						
	rederick			Street No. 700 East Son		
		1 day		2.(a) If veteran, name war None		
How long to hospital or			***************************************	2.(a) it veteran, name wat		h. T
3. (a) FULL NAME		TTO MAY	Z DOTAINMENT I		3. (b) Social Security	Number
4. Sex	ELS 1 5, Color or race		BRIGHTWELL  o, married, withowed, or divorced	Name of the second	None	
		- 17			ERTIFICATION	
Female	White	May	rried	20, DATE OF DEATH August		
6.(b) Name of husband	Jona	than C	Brightwell	21. I CERTIFY that death occurred on the date abo	46 10 ang	5- 19.46
7. Birth date of		6.(	c) If alive, give age 63 years	and that I last saw h. M. alive on	M 50	19
deceased (mo., day, y	n) Decem	ber 18-	-1891	Immediate cause of death		DURATION
8. AGE: Years		Days	tt less than one day	acute Cardine o	Islatution	
54	7	18	hrs. min.	with pulmon	ary	3/20
9. Birthplace			y Maryland	Due to.	226-	
		, county, and				
to. Usual occupation		<u> </u>		Due to	***************************************	*
11. Industry or busines	s Home			***************************************		***************************************
E 12. Name	arence Ke			Other conditions		*****
t3. Birthplace			nty Maryland	(Include pregnancy within 3 r	months of death)	
14. Maiden name.	Flor	ence Sl	nelton	Major findings of operations		
15. Birthplace	F	rederi	ck County Md.	Major Encings of operations.		
Jon	athan C.B	ri ohtwe	211	Autopsy results.		
			rederick, Md.	PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
Address /OC Burial	, E. Douon			22. VIOLENCE: If death was due to external cau	ises, fill in the following:	
17. (Burial, cremation	or removal. Which	Date the	reof August 8-46 (month) (day) (year)	Accident, suicide, or homicide	Date of	
			Cemetery	Where did Injury occur?(City or town)	(County)	(State)
Location	Freder	ick, Mo	i.	Injured at home, farm, Industry, public place (w	here?)	***************************************
		ine and	i Son	Meens of Injury	Injured at work?	•
Address	Freder	ick, Mo	i.	BAY		
4.0		CI	2. At 4/12 ch	23. SIGHATURE	м. д.	or other
19. (Date rec'd by re	19. (h		Registrar	Address Inderick to	Date signed.	8/7/46



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (482)



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# CERTIFICATE OF DEATH

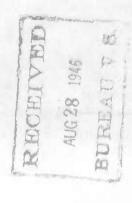
rgh.	v	r	a		
150		-	Pin.	p#	

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick	Warriand Frederick		
Frederick-Rural (If outside city or town limits, write RURAL and give nearest town)	"hadeni ola		
How long In above place of death?	(If outside city or town limits, write RURAL end give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 514 Middle Alley		
Emergency Hospital	(If rural, give LOCATION)		
How long In hospital or Institution? 6 Months	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
MARY ELLEN BROOKS	None		
4. Sex   5. Color or race   6.(a) Single married, wildowed, or divorced	MEDICAL CERTIFICATION		
F C W	20. DATE DF DEATH August 24th, 1946 218:45P M		
6.(b) Namo of husband or James Brooks	21. I CERTIFY that death occurred on the date above stated; that I attended decoased from		
	7 et 20 1946 10 Aug 24 19 46		
T. Birth date of	and that I last saw h.C.Y. alive on Aug. 24/		
docoased (mo., day, yr.) September 26, 1896			
8. AGE: Years Months Days If less than one day	MCFastatic Carcinoma prain; 2 months		
49 10 18hrs.	nin.		
9. Sirthplace Frederick County Maryland (Town, county, and state)	Due to Carcinoma body of uteras 1 year-		
10. Usual occupation	Due 10.		
11. Industry or business			
E 12 Name Charles Brown	Dther conditions		
12. Name Charles Brown 13. Birthplace Frederick County Maryland			
	(Include pregnancy within 3 months of death)		
Etta Temple  14. Maidon name Etta Temple  15. Birthplace Frederick County Maryland	Major findings of eperations		
	Date of op.		
16. Informant Mrs. Clarence Disney	Autopsy results		
Address 514 Middle Alley, Frederick, Md			
Burial Burial Date thereot 8/27/46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing:		
Cometery or cremator, Colored Cemetery	Where did injury occur?		
Bartonsville-Frederick, R.D.#1,	M onjured at home, tarm, Industry, public place (whore?)		
18. Funeral director. M. R. Etchison and Son	Mozns of Injury Injured at work?		
Addross Frederick, Maryland	23, SIGHATURE Bernard Humson M. D.		
	M/D. or other		
19. 27 - aug 19 16 Elizabett J. Head	Address Frederick, Maryland Dato signed 8-27-46		

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### MARYLAND STATE DEPARTMENT OF HEALTH

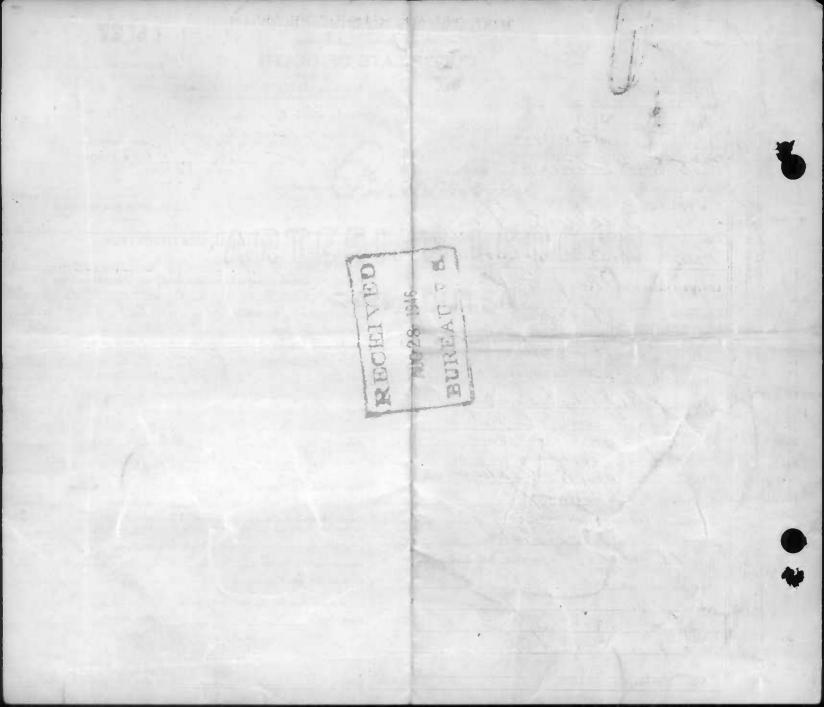
2411 N. Charles St., Baltimore 836

# CERTIFICATE OF DEATH

(8027

	Dist. No	- 1	11	1	
Dan	Diat N.	- 8	4	-	

4. Sex 5. Color or race 6.(a) Single_married, widowed, or divorced	3. (b) Social Security Number
6.(b) Name of husband or wife Mary 7. Bush 21.	MEDICAL CERTIFICATION  19 1 2 4 5 M  1. I CERMIFY that death occurred on the date above stated; that I stended deceased from 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10
8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace	mmediate cause of death  DURATION    Duration   Duratio
13. Birthplace  14. Maiden name Many 6. Saber  15. Birthplace  16. Informant Many Clara Calbring  Address Bausened Ma	(Include pregnancy within 3 months of death)  [ajor findings of uperations
17. (Buriaf, cremation, or removal. Whith?)  Cemetery or crematory  Location  18. Funeral director.  Address  Date thereof Address  Bale thereof Address  Address	2. VIOLENCE: If death was due to external causes, fill in the following: ccident, suicido, or homicide



PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16000

### CERTIFICATE OF DEATH

	Reg. Diat. No/k
1/PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Taken	State Md. County Frederich
City or term (If outside city or town limits, write RURAL and give nearest town)	To design
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Nelle Midway R.J.D.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME() enus	3. (b) Social Security Number
BABY BOY BURRIER	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE DF DEATH Ruguat 9 - 19.46 , 21 930 F. N
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug 7-19 x6, 10 aug 9-19 x6
7. Birth dato of deceased (mo., day, yr.) 7. 1946	and that I last saw h. Last alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
— — 2hrsmin.	
7 /0015 8 241	Careland Hamarehage - 2 days
9. Birthplace (Town, county, and state)	Due to Buth Jung - 12 well to hate
1D. Usual occupation	
11. Industry or business	Due fo
12. Name of over one of Gurrer 13. Birthplace Myt. Pleasant Myd	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Coris P. Young 15. Birthplace Worls for . 241.	Major findings of operations
\$ 15. Birthplace Hoodstoro . 141.	Date of op.
16. Informant 2000drow 6 Bure	Autopsy results
Address New Midway, 24d.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brief Date thereof 3 4 1/1 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, cremation, Which!) Bate thereof (month) (day) (year)	Accident, swicide, or homicide
Cemetery or crometery	Where did injury occur?
Location Ilovolaboro, lyd;	Injured at home, farm, Industry, public place (where?)
18. Funeral director Paralle & Hartile	Meens of Injury Injured at work?
Address Woods form Mys	0. 1.0.
II C CP - N' As le IV A	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address Poolesulle, Ind. Bate signed 8/10/46



Randly hote hame & Burier buly. The birth Certificate was walled augio, 1946. Name unt un Berte Certificate Very andy yours Elizabeth tech. J Reg (31

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940.

### CERTIFICATE OF DEATH

Pag Diet No 141

1. PLACE OF DEATH:  Sounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced male white manuel  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE OF DEATH. Q 4 19 4 19 4 19 4 19 4 19 4 19 4 19 4
7. Birth date of deceased (mo., day, yr.) May 5   S   S    8. AGE: Years   Months   Days   If less than one day   Months   S   S    9. Birthplace   Months	and that I last saw h. 1.99. Here on 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 10. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
10. Usual occupation. B. J. O. R. R. Horles maker  11. Industry or business helper. Shops-  12. Name. Martine L. Carrier	Due to
14. Malden name Adaline Quel  15. Birthplace Useg critics  16. Interment Mas Bessi Chapter	(Include pregnancy within 8 months of death)  Major findings of operations
Address  17. Bullion or removal. Which?)  Cemetery or crematory. And Rocker  Comparison of the control of the c	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location  16. Funeral director. C. A. Fulla & Become Address Business C. Mallagoria Brown  19. Queg 17 19 46 Kallago A. Brown  19. (Date ref li by regisfrar)  19. (Date ref li by regisfrar)	Means of Injury  Injured at wark?  23. SIGNATURE  M. D. or other  Address.  Address.  Date signed 8. / Y. Y.4.

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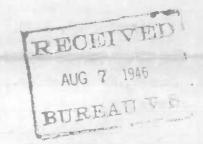
2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

0803131

			CERTIFICAT	E OF DEATH	Reg. Diat. No	21	
	derick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  Maryland  County Frederick			
McKaig  (If outside city or town limits, write RURAL and give nearest town)  low long in above place of death? L2 years  Hospital, institution, or street address where death occurred:				Otty McKaig (If outside city or town limits Street No	write RURAL and give net	erest town)	
3. (a) FULL NAI	or institution?			Z.(u) it seletan, name wat	3. (b) Social Security	N-1-	
S. (a) YOLL MAI	LAFAYETTE I	T EVALT VAL	CADDENTED		None	Mumber	
4. Sex	5. Color or race		married, Widewed, or divorced	MEDICAL CE	ERTIFICATION		
Male	White		Married	20. DATE OF DEATH August 2		19:00 A.M	
6.(b) Name of backet. 7. Birth date of deceased (mo., da)		6.60 aber 28	Carpenter It alive, give age	21. I CERTIFY that death occurred on the date abo	2 2	2 1946	
8. AGE: Yes	ers Months	Days 5	It less than one day	Immediate cause of death	/	29 ss f	
9. Birthplace				Due to.			
12. Rame Andrew Jackson Carpenter  13. Birthplace Frederick County, Md.				Other conditions	nonths of death)		
14. Malden nam	Frederick	Count:	v. Md.	Major findings of operations		***************************************	
14. Maiden name Mary Dunaway 15. Birthplace Frederick County, Md.  16. Laformant Mrs. LaFayette L. Carpenter  Address McKaig, Maryland				Autopsy results	nich death should be charged		
	Mount ?		(month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide			
			d	(City or town) Injured at home, farm, industry, public place (wi			
	0,		on	Means of Injury	Injured at work?		
Address	Frederick			Dass			
1-0	11 edel 1 ch	(19	is abitle & Hedr	23. SIGNATURE	M. D.	or other	

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. I MARGIN RESERVED FOR BINDING VS A15



VS A15

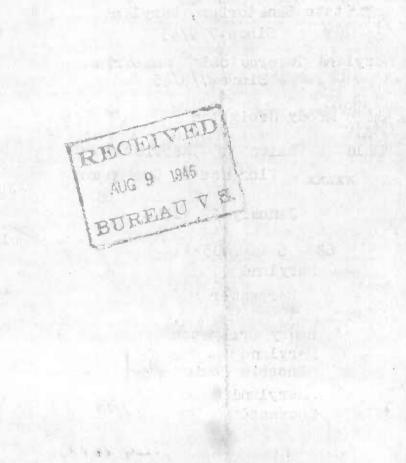
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

08031

### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of town. State Sana tori um, Mary land (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since 7/9/45  Hospital, institution, or street address where death occurred:	State Maryland County Prince George City or town Colmar Manor (If outside city or town limits, write RURAL and give nearest town) Street No. 4103 Newton St.
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)
How long in hospital or institution?Sinc.e7/9/45	2.(a) If veteran, name war.
3.(a) FULL NAME Moody Creighton	3. (b) Social Security Number 21 2-07-4365
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20, DATE OF DEATH August 7 19 46 at 8:20A
6.(b) Name of the Markov wife Florence L. Creighton  6.(c) If alive, give age 68 years  7. Birth date of deceased (mo., day, yr.) January 23, 1878	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9  19. 45, to August 7  19. 46  and that I last saw h im alive on August 7  19. 46
8. AGE: Years   Months   Oays   it less than one day   68   6   15  hrs	Pulmonary Tuberculosis 00RATION 32 Yrs.
9. Birthplace	Oue fo
10. Usual occupation. Carpenter  11. Industry or business	Oue to
Henry Creighton  I 13. Birthplace Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Phoebie Lewis 15. Birthpiace Maryland	Major findings of operations.
Deceased	Oate of op.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address .  17. Carrier Control (Burial, cremation, or p-spoval, Which?)  (Burial, cremation, or p-spoval, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or cromatory & Start Fill Com.	Where did Injury occur? (City or town) (County) (State)
Location Dulland Ind.	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. W. Chambers	Meens of fnjury injured af work?
Address Riverdale, Maryland	CO SIGNATURE I SIRI - Degran
19. Weignest 7 19 19 Xb	State Sana to rium. Md8/7/46



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

### CERTIFICATE OF DEATH

Registrar

ect ag	
oly.	1. PLACE OF DEATH:
Th	City or town. I Jams v

cick (Rural

r town limits, write RURAL and give nearest town)
Five yearseight months How long in above place of death?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Maryland

County Frederick

(if outside city or town limits, write RURAL and give nearest town) 416 Fairview Ave.

(If rurai, give LOCATION)

3. (b) Social Security Number

Hospital Institution, or street address where death occurred: Five years eight month 3. (a) FULL NAME Katherine Cronice 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Ser White Female Married 20. DATE OF DEATH August 25th 1946 at 9 504 M Clayton Cronice S.(c) If alive, give age ...... 7. Birth date of June 27, 1876 deceased (mo., day, yr.) If loss than one day 8. AGE: Years 70 .....hrs. 8. Birthplace Frederick, Mary land Housewicker, and state) 11. Industry or business Robert Lemar Maryland 13. Birthplace 14. Maiden na 15. 8irthplace Katherine Simus Maryland Sanitarium records. Riggs Cottage Sanitarium Address jamsville, Md. (month) (day) (year) Location 18. Funeral director Address

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec . August 24. August Immediate fanse de derth 20vrs Rectal PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? ...... Injured at home, farm, Industry, public place (where?) ..... Means of Injury

Address I jamsville e, Md. Date signed Aug 2

MEDICAL CERTIFICATION

information carefully of death clearly and MARGIN RESERVED FOR BINDING Supply of INK. UNFADING WITH

Physicians:

important.

especially

(Date rec'd by registrar)



WRITE PLEASE

SEP 4 1946
BUREAU V B

MARGIN RESERVED FOR BINDING

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24	44 14.	Charles	St., Dait	more	(31-13)	1
CERT	IFI	CATI	E OF	DE.	ATH	I '

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. State Sana to ri um; Mary land (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Sime e 5/24/46	State Maryland County  City or town Bal timere  (If outside city or town limits, write RURAL and give nearest town)
Maryland Tuberculosis Sanatorium  How long in hospital or institution? Since 5/24/46	Street No. 2123 Forest Park Ave.  (If rura), give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number

now tong in nowhits of intertains.	Live y to receive have the territory			
3.(a) FULL NAME William R. Durding	3. (b) Social Security Number 214-03-1135			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Widower	20, DATE OF DEATH August 27 19 46 217:30P M			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  May 24.  19.46.  and that I last saw h. im. alive on Augus t. 27.  19.46.			
8. AGE: Years   Months   Days   If less than one day   54   3   14	Carcinoma of Prostate Gland 10 Mo			
9. Birthplace Rock Hall, Md.  (Town, county, and state)  10. Usual occupation Insurance Agent  11. Industry or business  12. Name William P. Durding  13. Birthplace Rock Hall, Md.  14. Maiden name Annie J. Brown  15. Birthplace Anne Arundel County, Md.  16. Informant J. Bayard Sutton (Bro-in-law)	Metastatic Carcinoma of Liver 3 Mos.  Due to			
t6. Informant J. Bayard Sutton (Bro-in-law)  Address Chestertown, Maryland	Autopsy results			
Burial (Burial, cremation, or removal, Which?)  Cemeter Good Shepherd  By 30/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide			
Location Howard County	Injured at home, farm, Industry, public place (where?)			
18. Funeral director M. L. Creager & Son Address Thurmont, Maryland	Means of Injury Injured at work?  23. SIGNATURE.  M. D. OKONISK			
t9. (Date ree'd by registrar) Registrar	Address State Sana torium, Md. Date signed 8/28/46			

	J. (0) Social Security			
	214-03-1135			
MEDICAL CE	RTIFICATION			
20. DATE OF DEATH August 27	19 46	7:30P		
21. I CERTIFY that death occurred on the date abov May 24 19.4 and that I last saw h. im alive on Aug	6 to Aug. 2	27 19 46		
Immediate cause of death	tate Gland	DURATION 10 Mos.		
Metastatic Carcin	oma of Live	r 3 Mos.		
Due to				
Dther conditions				
(Include pregnancy within 3 m	onths of death)			
Major findings of operations	••••••			
Autopsy results See above PHYSICIAN: Please underline the cause to whi				
22. VIOLENCE: If death was due to external caus	es, fill in the following;			
Accident, suicide, or homicide	Date of			
Where did injury occur?(City or town)	(County)	(State)		
Injured at home, farm, Industry, public place (who	ere?)			
Means of Injury	Injured at work?			
23. SIGNATURE D. D. aym	M. D.	o o o c		

reference in analysis and - AND VED AUG 31 1945 BUREAU V.S. the series and the series are

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State Maryland County Frederick  City or town Rocky Ridge - rural (If outside city or town limits, write RURAL and give nearest town)  Street No
3.(a) FULL NAME James Milton Eby.	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DF DEATH August 29, 1946 10:15 PM
8.(b) Name of husband or wife Anna Mary Eby  5.(c) If allve, give age year  7. Birth date of deceased (mo., day, yr.) February 22, 1861	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
8. AGE: Years   Months   Days   If less than one day	I herfavor 10 days
9. Dirthplace. Keysville, Carroll Co., Md  (Town, county, and state)  10. Usual occupation. Retired.  11. Industry or business    12. Name Lemuel Eby.	Due to Chronic artiris Schools / Dyes -
Lemuel Eby.  12. Name Lemuel Eby.  13. Birthplace Maryland.	Dther conditions
14. Maiden name Mary Six.  15. Birthplace Maryland.	(Include pregnancy within 3 months of death)  Major findings of operations
16 Informant Morris Eby.	Date of op.
Dealer Didea Md	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address ROCKY RIGGS,  17 Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory.  U. B. Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Thurmont, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral diffector W. L. Creager & Son	Means of injury Injured at work?
Address Thurmont, Md.	Morris A. Briefy 24 N
19. Aug. 31 1946 Blanch & Eyler (Date ref'd by registrar)	23. SIGNATURE. M. D. or other  Orlas less

SEP 3 1946
BUREAU V F

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### MARYLAND STATE DEPARTMENT OF HEALTH

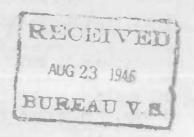
2411 N. Charles St., Baltimore (890)

# CERTIFICATE OF DEATH

08035

Reg. Dist. No. 144

1. PLACE OF DEATH: Coupty			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  Maryland  County  Thurnont  (If outside city or town limits, write RURAL and give nearest town)  Water Street  (If rural, give LOCATION)						
			***************************************	2.(a) If veteran, name	e war				40000000
3. (a) FULL NAM		Carrie	Irene Fogle,			3. (b)	Secial Security None	Number	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced		MEDICAL	CERTIFI	CATION		
Female	White	Ma	arried	20. DATE OF DEATH	August	19.	1946	7 ]	P:M
7. Birth date of deceased (mo., day.  8. AGE: Year	yr.) OCC		If alive, give age 77 years 1870  If less than one day	and that I last saw had Immediate cause of	ath occurred on the date  QUST  Alive on 19  death  ARMO	46 10 Augu	19 Aug.	15 DUR	ATION
10. Usual occupation.  11. Industry or busines  12. Name	House House William	sewife  H. Ro		Due to				Unk	X.8.92.13
	Adalin Detour	e McC		Major findings of op-	lude pregnancy within				**********
16. Informant		. Fog.	Le	Autopsy results	underline the cause to			••••••	
17Bu:	rial	Date thereo	(month) (day) (year)	Accident, sulcide, or l	eath was due to external chomicide	***************************************	. Date of		
Cemetery or crematory U. B. Cometery Thurmont, Md.				(City or town, Industry, public place					
Location	M. L. C			Means of Injury			ured at work?		
Address	Thu rmon	t, Md		23. SIGNATÜRE	330	rma	a, M.T	or other	
19 Chate reed by re	2 19.46 egistrar)	130	andles S. Eggerar	Address Tuu	mont, N	laryla	M. D.	1	1946



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

1 2 HOUAL DECIDENCE (LIONAE) OF DECEASED.

### CERTIFICATE OF DEATH

county Frederick				(For newborn Infants give residence of mother)  Maryland  Slate  **County Frederick**			
City or Frederick (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death?  Hospital, institution, or street address where death occurred:  Frederick City Hospital  How long in hospital or institution?			:	City or team Frederick (If outside city or town limits, write RURAL and give nearest town)  Sireef No. 125 Water Street			
				(If rural, give LOCATION)  2.(a) If veteran, name war. World War I			
3. (a) FULL NA				3. (b) Social Security			
	CLARENC	E ELE	RY FOGLE	217-10-069	3		
4. Sex	5. Color or race	S.(a)Single	, married, wildowed, or divorced	MEDICAL CERTIFICATION			
M	W		M	20. DATE OF DEATH. August 12, 1946	, af 5 P		
6.(b) Name of husber 7. Birth dals of deceased (mo., da	March	6.(c	) If alive, give age39 years	21. I CERTIFY that death occurred on the date above stated; that I attended dace	2 19 4 6 19 4 6		
	ears   Months	Days	If less than one day	Immediate cause of death			
5		5	hrsmin.	Gent Comany Throntone	/no.		
10. Usual occupation  11. Industry or busing the second se	Laborer  Michael W.  Frederich  Elizabet  Frederich	Brus Fogl Cour Cour Cour	ch Company ce cty Maryland fman cty Maryland	Due to			
16. Informant	MID. ALLO	1.95.	ederick, Md.	Autopsy results. And PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
17. Bur (Burial, cramel	ial Mount ( Freder	Date there of the color of the	8/15/46 (month) (day) (year) Cometery Maryland	22. VIOLENCE: If death was due to exiornal causes, fill in the following:  Accident, suicide, or homicide	(State)		
Address	Frederi	ick, M	son and Son  [aryland  is abettly #lck  Registrar	23. SIDHATURE A. Gentle Gentle M.D.	or other		

AUG 14 1946 BUREAU V & age

### MARYLAND STATE DEPARTMENT OF HEALTH

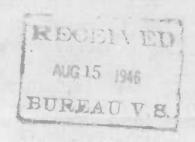
2411 N. Charles St., Baltimore 832

### CERTIFICATE OF DEATH

	08037
	159
Reg. Diat.	No.

Address Tuser record T. Mary and Date signed 9 Kelly 1946

/				0	Reg. Dist. No.	······································
How long in above place Hospital, institution, or	Frederic Clara Eli Clara Eli Optiside city or town li of death?	zabet mits, write R O year death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State Maryland Coun Foxville (If outside city or town limits, Street No	nother) Frederic hiyFrederic , write RURAL and give ne	arest town)
					None	
Female	5. Color or race White		widowed, or divorced	MEDICAL CE August	RTIFICATION 8, 1946	6;40 P:N
7. Birth date of deceased (mo., day, ) 8. AGE: Years	Months  Months  Corrections  Months  Covernor  (Town,	I3,  Bays  I5  Fred county, and s	C. Fox  It elive, give age	and thet I last the half ally on	August August ie Juerunnia Lage	19.46
t4. Maiden name.	George J. Maryl Sarah D	and	inberger	Other conditions		
ts. Birthplace Maryland  ts. Informant Charles Marker  Address Lantz, Md				Autopsy results		
t7. Bur (Burial, cremation Cemetery or cremato Location	Thurmont M. L. C	Ridg , Md reage	r & Son	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	(County)	(State)
Address  19. (Date rec'd hy re	Thurmon 46	)	1.	23. SIGNATURE COMES Address Laser Mars	Bellen M. D. M. D. Ward Date signed	or other Alugi



# WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death elearly and legibly.

WRITE

PLEASE

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FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-1-

08038

### CERTIFICATE OF DEATH

Mary					
1	D	Dis	BT.	139	
	Ker.	L/IST.	INO.		

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town State Sana tori um Maryland (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Allegany		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Since 7/24/46	City or town Spring Gap (if outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)  Street No		
Maryland Tuberculosis Sanatorium			
How long in hospital or Institution? Since 7/24/46	2.(a) If yeteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Eva L. Frederick	217-24-7651		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Separated	20. DATE OF DEATH AUGUST 5 18 46 at 1:10A.		
6.(6) Name of husband okasa Robert Frederick	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 19 46 to August 5 19 46		
7. Birth date of Asserved to 20 1004	and that I last saw h er alive on August 5 19 46		
deceased (mo., day, yr.) Augus t 22, 1924			
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 9 Mos.		
21 11 14 hrs. min.			
West Virginia	Bue to		
9. Birthplace West Virginia (Town, county, and state)	DEC 10		
10. Usual occupation. Housewife	flue je		
11. Industry or business	300 (3.11)		
置 12. Name W. C. Collins	Other conditions.		
13. Birtholace West Virginia			
14. Malden name Alice Woods 15. Birthplace West Virginia 16. Informant Paul Collins (Brother)	(Include pregnancy within 3 months of death)		
Woot Vincinio	Major findings of operations		
El 15. Birthplace West VII glilla	Dafe of op.		
16. Informant Paul Collins (Brother)	Autopsy results		
Address Spring Gap, Maryland			
17. Burial (Burlal, eremation, or removal, Which?)  (Burlal, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, sulcide, or homloide		
Cometery Company Petersburg	Where did Injury occur?		
Location Petersburg, W.Va.	Injured of home, farm, Industry, public place (where?)		
18. Funeral director John J. Hafer	Means of Injury Injured at work?		
Address 230 Balto . Ave. , Cumb erdand , Md.	M. Jana		
Audiess and Date of the Control of t	23. SIGNATURE		
19. (Date reed by registrar)  Registrar	Address State Sanatorium, Md. Date signed 8/5/46		
(Date told not register)	- MARICOS		

AUG 7 1946
BUREAU V.S.

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/	17	Evidence for the addition of burial is shown on MARYLAND STATE DE	PARTMENT OF HEALTH	08039	
V	26		a St., Baltimore 13-6		
	correct age	FILM No. I O 7 OCT 18 1946 CERTIFICAT	E OF DEATH	Reg. Dist. No	
	y.	1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
1	gibl	County	Moneral and	Washington	
3	information carefully.  of death clearly and le	City or town	City or town Clearspring (If outside city of town limits, write RURAL and give nearest town)  Street No. Rt. 2 (If rural, give LOCATION)  2.(a) If veteran, name war.		
	death	3. (a) FULL NAME Helen Shank French		3. (b) Social Security Number 1 216-22-8008	
	of of	4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
	of	Female White Married	20. DATE OF DEATH Augus t 29		
MARGIN RESERVED FOR BINDING UNFADING INK. Supply every item of ant. Physicians: please write the causes	6.(6) Name of husband XXXX Paul E. French  6.(c) If alive, give age 23 years  7. Birth date of deceased (mo., day, yr.) May 14, 1925	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  May 15  19. 46  10. Aug. 29  19. 46  and that I last saw h. e. alive on August 29  Immediate cause of death  DURATION			
		8. AGE: Years   Months   Days   If less than one day   21   3   15  hrsmin.	Pulmonary Tuberc		
	9. Birthplace	Due to			
ARG		Bruce A. Shank  12. Name Bruce A. Shank  13. Birthplace Hagerstown, Maryland	Other conditions		
孤	WITH ON F.	3 13. Birthplace Hagerstown, Maryland	(Include pregnancy within 3 m	ionths of death)	
620	por	14. Maiden name Mary M. Bartles 15. Birthplace Fairview, Maryland	Major findings of operations.  Date of op.		
		16. Informant Paul E. French (Husband)			
	LY, ially	71 0 02 1 1 1	PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.	
	PLAINLY, s especially	(Burial, cremation, or removal. Which?)  Date thereof. Sept. 2, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external cause		
IO I	ਬ਼_	Cemeiery or crematory It aud Cemetery	Where did injury occur?(City or town) Injured at home, farm, Industry, public place (wh		
9.0	WRIT		Means of Injury	Injured at work?	
151	3	18. Funeral director Albert Leaf Address Williamsport, Maryland	0/2/		
VS A15	PLEASE	Address W1111amsport, Mary 1and  18	23. SIGNATURE. J. Address State Sana toriu	m. Md. Date Signed 8/30/46	
		(Date 1ec d by the longs)	MARILES STATES TO THE STATE OF THE STATES OF	With Assert the Control of the Contr	

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Evid date	ence	T de	or	cha	nge	oIsh	own nu
LM No	). I	0	7	OCT	8	3 19	946

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.1113

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother).		
County	State County Carrole		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city on own limits, write RURAL end give nearest town)		
Hospital institution or street eddress where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(d) If Veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Thomas Winton Frock	The transfer while		
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION		
M   W   single	20. DATE OF DEATH		
8.(b) Name of husband or wife	21.1 OERTH I that death occurred on the date abyre stated, that I attended deceased from		
	June 6 1846, to aug 27 1986		
7. Birth date of	and that I last saw h alive on		
deceased (mo., day, yr.) — August 27, 1946 May 13, 1946  8. AGE: Years   Mooths   Days   It less than one day	Immediate cause of death		
0 3 35 14 hrsmin.	Chrama Entratas		
9. Birthplace (Town, county, and state)	Due to.		
10. Usuat occupation none			
11. Industry or business	Due to		
	Other conditions		
12. Name Roscoe V. Frock 13. Birthplace Md.			
14. Maiden name Carabelle Barnhart	(Include pregnancy within 8 months of death)		
14. Maiden name Carabelle Barnhart  15. Birthplace  Md.	Major findings of operations.		
77 77 77	Bate of op		
16, Informant Roscoe V. Frock	Antopsy results		
Address Taneytown, Md. R.D.			
Burial (Burial exemption or samous Which?)  Bate thereof Alig 30 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide		
Cemetery or crematory Keysville	Where did injury occur?		
Location Keysville, Md.	Injured at home, farm, Industry, public place (where?)		
1B. Funeral director. C.O. FUSS & SON	Means of Injury Injured at work?		
Address Taneytown, Md.	547		
00.0.0 1/ 0	23. SIGNATURE M. D. or other		
19. 29-aug 1946 Elisabeth J. Heck.	1111 1 Para Branch Star Date of man & - X - 40		

AUG 30 1946
BUREAU T. B

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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1. PLACE OF DEA	Mt. All itside city or town lin of death?	eath occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For uewboru infauts give residence of mother)  Maryland  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war			
3. (a) FULL NAME		DA	VID T. GAVER			3. (b) Social Securi	ity Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced			RTIFICATION	
Male	White	M	arried				1 -1-2-5
-110020		-	. Gaver		augus		
B.(b) Name of hueband	# Wite		*************		death occurred on the date ebov	re stated; that I attended d	
7. Birth date of	Dec	c. 14	) It alive, give age 63 yea		h man allve on a	ugush	18 19 46
deceased (mo., day, yr	) Months	Days	It less than one day	- I - Committee - Land	f death		DURATION
69		14	hrsmi				
Fr	ederick (	Co. M			Orf		
9. Birthplace	(Town, ed	ounty, and si	tate)	Due toOor	onary Thro	mores	J. M.
10. Usual occupation	Farmer .	(re	tired )			***************************************	MIIIIO
11. Industry or business				Due to		***************************	******
12. Name	John	***************************************		. Other conditions	Chr. Urem	ia	2 mo
		Mary		_	chr. Myoc nclude pregnancy within 8 m	arditio	10 yra
首 14. Malden name	Eliza •	ane	Spittler	3	V		
14. Malden name 15. Birthplace		Mary			operations		
	s. Carrie	e E.G	aver		nore		
Address		Airy	, lvid .		e underline the cause to whi		
Punicl			8-20-46	22. VIOLENCE: If	death was due to external caus	es, fill in the tollowing;	
17. (Burial, exemption,	removal, Which?)	Date thereo	(month) (day) (year)		r homloide		
Cemetery or eremators	FINE	Grov	Co. Maryland	Where did injury oc	(City or town)	(County)	(State)
Location				1	m, Industry, public place (whe		
18. Funeral director	C	. M.	Waltz	Means of Injury		Injured at work?	Ly day &
Address	Win	nfiel	d, wd.	(	2000 l	1.00	
19. (Date red by regi	-0 19.46	bla.	rice G. Kunkle	23. SIGNATURE	Mary -	ratiff M. Date signe	D. or other

VS A15

HEARING STANFORMS

AUG 21 1946
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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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# CERTIFICATE OF DEATH

1. PLACE OF DEL County Fred County Fred County Fred County I own Adam (17 of the start of the st	erick  nstown-Rouside city or town is of death?  street address where ill institution?  LAVEN  5. Color or race  C  or wile	B Year death occurred  IA GII   6.(a)Single   S	CHRIST  D. married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City or town Adamstown-Rural R. F. D. #1 (If outside city or town limits, write RURAL and give nearest town)  Street No. Flint Hill  (If rural, give LOCATION)  None  3. (b) Social Security Number  None  MEDICAL CERTIFICATION  20. DATE DF DEATH August 29th 1946, at 5:15P.M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  August 28 1946, 10 August 29 1946  and that last saw h. 21 alive on August 29 1946		
deceased (mo., day, y	r.) Unkn	own	1875	nun.	TION	
8. AGE: Years	Months ?	Days	If less than one dayhrs. min.	Immodiate cause of death  Con Custom  Identification  In the control of the contr	ay	
13. Birthplace W 6 14. Maiden name. 15. Birthplace W 6 16. Informani Mr 3 Addres R • F 17. Burial, cremation Cemetery or cremate Localion	Domest:  salker Gi estmorel: Susan V estmorel: control of Clara D. #1, L corremoval. Which Fairv Frede: M. R.	lchris and Co Winsto and Co Gilch Adams iew Ce rick, Etchi	ounty Virginia ounty Virginia ounty Virginia ounty Virginia ounty town, Md.	Due to	D.	

RECEIVED SEP 5 1946 BUREAU VA

(8043

# CERTIFICATE OF DEATH

	-	2
IS STORY	Reg. Diat. No	

1. PLACE OF DEATH: 7 redenik	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants glyc residence of mother)
County	State Manyland County Frederick
How long in above place of death?  Hospital, Institution or street address where death occurred;	(If outside city or town limits, write RURAL and give pearest town)
Hospital, Institution or street address where death accurred.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Charles Roger	Gittinger 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or differen	MEDICAL CERTIFICATION
m W Single	20. DATE DF DEATH aug. 24 19.46 at 1:45 P.M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
6.(c) If alive, give ageyears	and that I last saw himalive on Aug. 24 19 46
7. Birth date of deceased (mo., day, yr.) 4-3-1869	and that I last saw h
8. AGE: Years Months Days If less than one day	Arterio - sclevotic Cardeo · vascular
77 4 2/hrsmin.	Beg asease; Congestive failure
9. Birthplace Frequence - Frequence - Ind.	Bue to
10. Usual occupation Retired Baggage khiver	Buo to
11. Industry or business Rail Road	DUU 10
12. Name. 3. James Giltinger 13. Birthplace Frederick - Ind.	Bither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name mary mants  15. Birthplace Frederick - Ind.	Major findings of operations.
	Date of op
18. Informant Records Emergency Hospital	Antopsy results
2 1 2 2 2 2 1/1	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whichi) (morph) (day) (year)	Accident, suicide, or homicide
Cemetery or company Mr. Clinical Company	Where did injury occur? (City or town) (Connty) (State)
Location Frederick Max.	Injured at home, farm, industry, public place (where?)  Means of injury  tnjured at work?
18. Funeral director. C. E. Cline & Sow	
Address Frederick. Md.	23. SIGNATURE Bernard Hearrow h. h. L
19.26 aug 19 4.6 Elizabeth & Heck	Address Frederick Md Bato signed \$126/46.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-1

RECEIVED AUG 28 1946

9-45-1

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

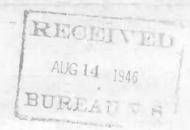
2411 N. Charles St., Baltimore 940)

# CERTIFICATE OF DEATH

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1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Frede	deri <b>c</b> k	***************	***************************************	State Maryland County Frederick			
City or town (If or	tside city or town li	mits, write k	tURAL and give nearest town)				
New long in above place	f death?	fe		City or Frederick (If outside city or town limits, write RURAL and give nearest town)			
Rospital, institution, or	treet address where	death occurred		Street No. College Aven	ue		
College	Avenue			(If rural, give	LOCATION)		
How long in hospital or	Institution?			2.(a) If veteran, name warNone			
3. (a) FULL NAME					3. (b) Social Security	Number	
	MARGAR	ET SO	PHIA GITTINGER		None		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or <del>diversed -</del>	MEDICAL C	ERTIFICATION		
F	W		W	20. DATE OF DEATH Augus	t 10th 19 46	8.15A	
C (b) Name of husband	Samue	1 J.	Gittinger	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended dece	ased from	
0.(0) Rame of musualing (				Jan . 1 19.	46 to Cong.	0 - 19.46	
7. Birth date of	T117 - 0		c) If alive, give ageyears	and that I last saw he alive on	9.10	19.4.4	
deceased (mo., day, yr			If less than one day	Immediate cause of death		DURATION	
8. AGE: Years	Months	Days			<del></del>		
	0	14	hrsmie.	Get Commy v	montre	day	
9. Birthplace Fred	erick-Fr	ederi	ck-Maryland	Due to	***************************************		
	At Home	connty, and	state)		**************************************	-	
19. Usual occupation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Que to Osteria, peleron		Sym	
11. Industry or business				, · A			
			ner	Other conditions Angana	elous:	5 yrs	
₹ 13. Birthplace Fr	ederick	Count	y Maryland				
14 Maiden name	Ann Rebe	cca N	filler	(Include pregnancy within 3	months of death)		
			y Maryland	Major findings of operations		********	
				Oate of op.			
16. Informant Mi				Autopsy results	hich death should be charged	statistically.	
Address Coll	ege Ave.	, Fre	ederick, Maryla	22. VIOLENCE: If death was due to external ca			
17 Buria	]	Date the	reof 8/12/46 (month) (day) (year)	Accident, suicide, or homicide			
(Burisi, execution,	Mosson t	<del>&gt;-</del> ○14 ***					
Cemetery or cremater			t Cemetery	Where did injury occur?(City or town)			
Location	Freder	ick,	Maryland	Injured at home, farm, Industry, public place (			
18. Funeral director	₩.R.	Etchi	son and Son	Moens of Injury	Injured at work?		
Address	Freder	ick,	Maryland	1 1.1	- Tearse	M. D.	
100		00		23. SIGNATURE		or other	
19, Date rec'd by re	strar) 19 M. 6	CU	abeth J. H. Registrar	Address Frederick, Man	ryland Date signed.	8-12-46	
			V				





VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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## CERTIFICATE OF DEATH

Reg. Dist. No. 144

City or town(11 c  How long in above place Hospital, Institution, or	Thurmont Outside city or town li of death? 35 street address where	mits, write F Years death occurred	URAL and give nearest town) ;	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  Maryland  County  Thurmont - rural  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.			
3. (a) FULL NAM		••••••		2.(6) II Veteran, name war			
J. (G) TOLL MAIN		Hom	el Marie Green		3. (b) Social Securi	ty Number	
4. Sex	5. Color or race		e, married, widowed, or divorced	0	None		
Female	White		arried		ERTIFICATION 14, 194	6 . I:30 PM	
6.(b) Name of husband 7. Dirth date of deceased (mo., day, )			Green  33  11 alive, give ege yeare 1907	21. I CERTIFY that death occurred on the date about 14 August 1946 at 3:30 Mm. 19.	ove stated; that I effended d 46 tol4Aug: 1:	eceased from 30PM 19 4 (c	
8. AGE: Years	Months	Days 22	If less than one dayhrs,min,	Immediate cause of death Houte C		OLOUPE.	
10. Usual occupation	House	wife	rick Co. Md	Due fo			
T 12. Maille	Thurmont	b 4		Dther conditions	***************************************		
	Rosa M Thurmon	iller	Md.	(Include pregnancy within 3 months of death)  Major findings of operations			
16. Informant	Clifford	d Gree	en	Autopsy results			
Address	Thurmont			PHYSICIAN: Please underline the cause to wh	hich death shoold be charg	ed statistically.	
Burial Bale thereof Aug. 17, 1946 (Burial, cremation, or removal. Which?)  Cemetery or cremafory.  Date thereof Aug. 17, 1946 (month) (day) (year)  United Brethern				VIOLENCE: If death was due to external cau     Accident, eulcide, or homicide  Where did injury occur?	(County)	(State)	
Location	Thurmo		Md.	Injured at home, farm, industry, public place (wi	here?)ln]ured at work?		
18. Funeral director	M. L.		er & Son	Means of Injury	Injured at WORK?	4	
Address	Thurmo	nt,	Md.	23. SIGNATURE: J. J. J.	Moula	m.M.D.	
19. aug . 17	19.46 gistrar)	Bl	anche S. Eyler Registrar	Address Lucrostat, Mars	. / /	D. or other 16 Hug. 1946	

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AUG 20 1946

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# 08046

M. D. or other

		CERTIFICAT	TE OF DEATH	Reg. Dist. No. / 44
City or fown(i.e. How long in above place bospital, institution, c	Thurmor outside city or town like of death?	it mits, write RUKAL and give nearest town) 50 years	Street No. Carroll	County Frederick t nite, write RURAL sed give nearest town) Street
3. (a) FULL NAM	AE .	Nettie E. Grus	shon	3. (b) Social Security Number None
Fëmale	5. Color or race	6.(a)Single, married, widowed, or divorced	1	CERTIFICATION
7. Birth date of deceased (mo., day	yr.) Apri	rtin L. Grushon  6.(c) If allve, give age years  1 I, I866  Days   If less than one day   8   hrs. min.  Frederick Co., Md eounty, and state) red housewife	Immediate caose of death  Due to Full documents	18 19 19 19 V 6
13. Birthplace	Joseph Foxvill Saraphe	J. Fox. e, Frederick Co., Mo na Buhrman e, Frederick Co. Md	(Include pregnancy within	
16. Informant	Mrs. A. Foxville	W. Hauver	Autopsy results	which death should be charged statistically.
11. Bur (Burlal, crematic	on, or removal. Which	Date thereof Aug. 12, 1946 (month) (day) (year) ed Brethern	Accident, suicide, or homicide	Date of 8-8.46  The state of th

M. L. Creager & Son

Md.

Blanche S. Ey

Registrar

Address.

Thurmont,

46

VS A15

PLEASE

18. Funeral director

(Date reg d by registrar)

Address

AUG 13 1946
BUREAU V S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08047

# CERTIFICATE OF DEATH

Reg. Diat. No. 14/

County (County) (Coun	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The lose is alone place of death?  Sirest No. Sirest No	l h	med to d.
Street No. (If rures), give LOCATION)  Row long in hospital or Institution?  3. (a) FULL NAME  Score of pace Scoring Number  3. (b) Social Security Number  3. (c) If reteran, name var.  3. (b) Social Security Number  3. (c) Social Security Number  4. Sex Score of pace Scoring Number  4. Sex Score of pace Scoring Number  5. Color of pace Scoring Number  4. Sex Scoring Number  5. Color of pace Scoring Number  6. (c) Name of hospital or rule.  8. (c) If all reterand Number  20. DATE OF DEATH Scoring In the data shore states: that Lathegedes deceased from 12 for deceased (one, day, yr.)  9. Birth data of deceased (one, day, yr.)  9. Birth place  10. Usual occupation.  10. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Manue Scoring Number  13. Birthplace  14. Maideon name Scoring Number Action of death of the state shore states: that Lathegedes deceased from 12 for deceased (one, day, yr.)  14. Maideon name Scoring Number Action of the state shore states: that Lathegedes deceased from 12 for deceased (one, day, yr.)  15. Birthplace  16. (in business of death Scoring Number of Scoring Number		City or town
Row long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) State of LOCATION  3. (c) State of Location Amend or wite.  3. (c) State of Location Amend or wite.  3. (d) State of Location Amend or wite.  3. (d) State of Location Amend or wite.  3. (e) Haller, give age was and that least save states: that Lategode deceased from the state save states. The Lategode deceased from the state save		312 1112 10 4 12
3. (a) FULL NAME  3. (b) Social Security Number  4. Set  4. Set  4. Set  4. Set  5. Color or paces  6. (c) Simela, married, widewed, or divorced  8. (d) Rame of husband or wite.  5. Color or paces  9. (c) If altre, give age  9. Set  11. Country that death occurred on the date above statistic that Latheged decased from  12. Lighting that death occurred on the date above statistic that Latheged decased from  13. AGE: Vears distinct  14. Modern name.  15. Birtholace  16. Birtholace  17. Birth date of operation.  18. Industry or business  19. Industry or busines	312 West / sunsuice si	Ollett Ru.
1. Sex   S. Color or year   S. C	How long In hospital or institution?	2.(a) If veteran, name war
8. (6) Name of husband or wife.  8. (6) Name of husband or wife.  9. Birth date of deceased (mo, 42y, yr.)  9. Birth date of deceased (mo, 42y, yr.)  9. Birth piace  10. Usual occupation.  11. Industry or business  11. Industry or business  12. Name.  13. Birthpiace  14. Maiden name.  15. Birthpiace  16. Informant  17. Birth date of operations.  18. Actions of operations.  19. Superations.  10. Industry or business  11. Industry or business  12. Name.  13. Birthpiace  14. Maiden name.  15. Birthpiace  16. Informant  17. Birthpiace  18. Informant  19. Superations.  20. Signative.  21. Signative.  22. Violence: I dear was due to external causes; till in the following:  19. Superations.  19	3. (a) FULL NAME Garnet Christing Ha	3. (b) Social Security Number
8. (b) Name of husband or wite  7. Birth date of deceased (mo. day, yr.)  9. Birthplace  (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  17. Birthplace  18. Astopy results.  18. Principlace  19. Astopy results.  Physical occupation.  10. Informant  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  17. Usual occupation.  18. Informant  19. Astopy results.	4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced Lingle	
T. dirth date of deceased (mo, day, yr.)    S. AGE: Vears   Minhis   Days   It less than one day		
Table decessed (mo. day, yr.)  8. AGE: Years Aprilis Days It lists than one day  9. Birthplace (Town, county, and state)  10. Usual occupation  11. Industry or business  12. Hame. Distriplace  13. Birthplace  14. Maiden name. Distriplace  15. Birthplace  16. Informant Distriplace  17. Distriplace  18. Informant Distriplace  19. Distriplace  19. Distriplace  19. Distriplace  10. Usual occupation  10. Industry or business  11. Industry or business  12. When a distriplace  13. Birthplace  14. Maiden name. Distriplace  15. Birthplace  16. Informant Distriplace  17. Distriplace  18. Informant Distriplace  19. Distri	6,(b) Name of husband or wife	21. 1 while that death occurred on the date above stated; that I strended deceased from
decessed (mo., day, yr.)  8. AGE: Years prilis Days It less than one day    Inmediate cases of death   DURATION	7. Birth date of	0. (0.10 )30
8. AGE: tears white both the control of the control	deceased (mo., day, yr.) Jall 1, 1946	
9. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  Address  17. Camelery or crematory (Inhibitor, or removal, Which)  Camelery or crematory (Inhibitor, or removal, Which)  Camelery or crematory (Inhibitor, or removal, Which)  Location.  18. Funeral director.  19. Address  20. Signature  19. Address  20. Signature  21. Individual programs within 3 months of death)  Major findings of operations.  Major findings of operations.  Date of op.  Astopsy results.  PHYSICIAN: Please underline the cause to which death abould be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Manns of Injury  Inhired at work?  Manns of Injury  Inhired at work?	8. AGE: Years Days It less than one day	2 2
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Industry or crematory 18. Informant 19. Date thereof. 19. Date of op. 19. VIOLENCE: If death was due to external causes, till in the following: 19. Date of op. 19. VIOLENCE: If death was due to external causes, till in the following: 19. Date of op. 19. Date of op. 19. VIOLENCE: If death was due to external causes, till in the following: 19. Date of op. 19. VIOLENCE: If death was due to external causes, till in the following: 19. Date of op. 19. VIOLENCE: If death was due to external causes, till in the following: 19. Date of op. 19. VIOLENCE: If death was due to external causes, till in the following: 19. Date of op. 19. VIOLENCE: If death was due to external causes, till in the following: 19. Date of op. 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external causes, till in the following: 19. VIOLENCE: If death was due to external c		Waster Could - 11 As
10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Malden name.  15. Birthplace  16. Informant  Address  17. (Burial, cremation, or removal. Which?)  18. Location  19. Location  10. Usual occupation.  Due to.  Dither conditions  (Inhierde pregnants within 3 months of death)  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  Date of op.  Accident, suicide, or homicide.  Date of  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means ot injury  Means ot injury  M. D. or other.  M. D. or other.  M. D. or other.	9. Birthplace Prodk. M.C.	
11. Industry or business    12. Name	(Town, county, and state)	
Dither conditions.  13. Birthplace  14. Maiden name (Include pregnant) within 3 months of death)  15. Birthplace  16. Informant Date of op.  Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Cemetery or crematory (City or town) (County) (State)  Location (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury (Michael Date of Wh. D. or other)  23. SIGNATURE.  24. SIGNATURE.  M. D. or other	1D. Usual occupation	Due to
14. Malden name 6 1 1. Major findings of operations.  15. Birthplace  16. Informant		
14. Malden name 6 1 1. Major findings of operations.  15. Birthplace  16. Informant	12. Name alended Manuella	Other conditions 22222
14. Malden name  15. Birthplace  16. Informant  Address  17. (Burlal, cremation, or removal, Which?)  Cemetery or crematory  Location  16. Funeral director  Address  21. (City or town)  17. (County)  18. Funeral director  Address  22. (Signature  (City or town)  (County)  (County)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Mans of Injury  M. D. or other  M. D. or other		· Geofelia 2003
Actions Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide	14. Malden name Esther Henderson	
Actions Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide	15. Birtholace West Va	
PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Address  Address  Address  Address  Address  A. Signature.  M. D. or other	Dames I blancelles	
Dale thereof. (Wonth) (das) (year)  Cemetery or crematory. (City or town) (County)  Location. (City or town) (County)  16. Funeral director. (Address)  Address  19. Address  19. Address  22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide. (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  23. SIGNATURE. (M. D. or other)		
Date thereof	Address / Survey Color / 1.10 / Dal/	22. VIOLENCE: If death was due to external causes, till in the following:
Cemetery or crematory Mulliman County (City or town) (County) (State)  Location Means of Injury (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury (Manner of Injury)  Address (Manner of Injury)  23. SIGNATURE.  M. D. or other	(Rurial cremation or removal Which?)	
Location Injured at home, farm, industry, public place (where?)  16. Funeral director Address  Address  23. SIGNATURE.  M. D. or other	Campion or grandian New Newscare	Where did injury occur?
16. Funeral director.  Address  Address	mutual III I/a	
Address 3 11 46 Nallryn N. Brown  23. SIGNATURE.  M. D. or other	Location	
19. Dept 2 19 46 Nallryn N. Brown 23. SIGNATURE.	16. Funeral director	means of injury
19 Sept 2 19 46 Jallryn N. Brown J.	Address / Brusself Md.	10 / sum 20
(Date red by registrar)	Best 2 H. Kalleyan) W By	
	(Date reg of by registrar) (Date reg of by registrar) Registrar	Address Date signed 1/4/6

Lider Thomas & Brothers



	/
X	The correct age
3	INK. Supply every item of information carefully. The correct
RESERVED FOR BINDING	ery item of i
VED FOR	Supply ev
RESEF	INK

# MARYLAND STATE DEPARTMENT OF HEALTH

approximate age of deceased is

Evidence for addition of

2411 N. Charles St., Baltimore 13-0

08048

FLM No. 106 AUG 20 1946 CERTIFICA	ATE OF DEATH  Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)  State County County  City or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2. (a) If veteran, name war.
3. (a) FULL NAME Reefus Hann	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marriet, widowed, or errorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 20 17 19 46 21 11 30 P.
B.(b) Name of husband or wife Managanaf Haccomed  7. Birth date of deceased (mo., day, yr.)  Construction  Section 1. Section 2. Sec	ars and that I last saw hard alive on alive or a
8. AGE: Years Months Days If less than one day 62 yrs	Arterio - coleratio Carlis - Vascular 3 years
9. Birthplace	Due to
16. Informant. Waster Harring Address Freclarife, Med	Autopsy results
Date thereof. C. 20, 194  (Burial, cremation, or removal Whichit)  Cemetery of cremative datify Cemeter  Location Clarysville, Men govern	Where did injury occur?  (City ar town)  (County)  (State)
16. Funeral director Registrary  19. 30. Que rec'd by registrary  (Date rec'd by registrary)  Registrary	23. SIGNATURE Burner June M. 1950 other  Address Trederick, M. Date signed 20, 194



#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DE	Frank	erick		2. USUAL RESIDENCE (HOME) 0 (For newborn Infants give residence of	F DECEASED:
County		erick			Frederick
City or town(If o	utside city or town	limits, write R	URAL and give nearest town)		
How long in above place	ol death? Li	fetime		City or terrederick (If outside city or town limits	
Hospital, Institution, or	street address where	death occurred	l:	Street No. 17 West Second	Street
	ederick (			(If rural, give	LOCATION)
How long in hospital or	Institution?		days	2.(a) If veteran, name war. None	
3. (a) FULL NAMI	E				3. (b) Social Security Number
	RENO	SHEFF	ER HARP		None
4. Sex	5. Color or race	6.(a) 6 ingl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	White	Ma	arried	20. DATE OF DEATH August	17th. 19 46 at 1:30P. M
8.(b) Name of busband	or wifeBe	ssie D	Zentz	21. I CERTIFY that death occurred on the date abo	
			c) Il alive, give age 60 years	Jane 13.	46, 10 Clang J 19 46
7. Dirth date of				and that last saw hallye on	ing 19.46
deceased (mo., day, )		er 3-18	I less than one day	Immediate cause of death	DURATION
		1/4			
79			hrs. min.	Cale Comany	Sprontones I day
9. Birthplace		county, and	y Maryland	Bue to.	
	Lawyer				
10. Usual occupation		***************************************		Due to Sterry a cleron	
11. Industry or busines		77			
12. Name	Daniel V.	📤		Other conditions	ghatia
	Myersvill	e, Md.		(Include pregnancy within 8 a	an Nip (fall)
14. Malden name.	Luge	nia F.	Sheffer		months of death)
14. Malden name.  15. Birthplace			County Maryland	Major findings of operations.	
				na	Date of op
				PHYSICIAN: Please underline the cause to wi	bich death should be charged statistically.
Address 17	W. Second	St. Fr	rederick, Md.	22. VIOLENCE: If death was due to external can	
Burial Committee	Ar removal. Which	Date ther	eol Aug. 20-46 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremato	Mount		Cemetery	Where did injury occur?(City or town)	(County) (State)
Location	Freder	ick, Mo	1.	Injured at home, farm, industry, public place (w	there?) / Vem
18. Funeral director	C.E.Cl	ine and	l Son	Meens of Injury	Injured at work?
Address	Freder	ick, M	1.	1. a. t.	Teary M.D.
19 20 Que	9 19 V 6	13	is abeth I Heck.	23. SIGNATURE	M. D. or other
(Date rec'd by re	gistrar)		Registror	Address	Date signed



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

U8050,4/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Andleself	State md county Fred.
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of dealh? 54 glass	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death accurred:	Street No Brunning St.
417 Brunous 87	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Edward Hovermale	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH 5 Duguet 19 46 at 1 30 PM M
6,(b) Name of husband or wife Clara J. Mechael	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
70	10 July 19 46 10 5 august 10 46.
7. Birth date of years	and that I last saw h. LLL alive on
deceased (mo., day, yr.) Select 2 nd 1866	Immediate cause of death
8. AGE: Years Months Days It less than one day	artino sceleroses with 5 years
77   3  hrsmin.	replies occlesosis and
9. Birihplace Wish Usinguna	Due to wella.
h. (Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Levis Northwale  13. Birtholace West Auguma	Other conditions anderso acultable thank 5 fraces.
	(Include pregnancy within 3 months of death)
14. Maiden name Martha Forkers	
14. Maiden name Martha Rockers 15. Birthplace Wist Visionia	Major findings of operations
11. 12. Ma Dage	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 3 allering Md	22. VIOLENCE: If death was due to external causes, fill in the following:
(Bufial, cremation, or removal, Which?)  Date thereol (month) (idv) (year)	Accident, suicide, or homicide
1/2 1/20-17	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Duckstalland	Injured al home, farm, industry, public place (where?)
1B. Funeral director. C	Means of Injury Injured at work?
Address Brunnet Mas	23, SIGNATURE Villeanie Schoolfer & 20D.
" Qua 7 "46 Nathern N. Brown	M. D. or other
19. (Date reof by recistrar)	Address Date signed China 379 P.

THE PERSON NAMED IN COLUMN Carrend ... Jaco Lawe 15, wer < 11101 till 15 recusion PUREAT. TE MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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-	1770

# 08051 Reg. Dist. No. 131

# CERTIFICATE OF DEATH

	Nog. Dist. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1001/2011	State Md - County Frederick
(If outside city or town limits, write RURAL and give nearest town)	1011-0011
How long in above place of death?	(If outside city or town limits, write RURAL and give necrest town)
	(if rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LARATRANCIS KELL	ER
4. Sex 5. Color or race 6.(a) Single, massied, widewed, or diverced	MEDICAL CERTIFICATION
Female white Simple	20. DATE OF DEATH
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give ageyears	Cuq 13 19.46, 10 Quq 15 19.46
7. Birth date of deceased (mo., day, yr.) April 1, 1878	and that I last saw A. L alive on
8. AGE: Years Months Days If less than one day	Immediate caose of death
68 4 14min.	Joseph Market Ma
9. Birthplace Braddock Heights Fred. Co. Mid.	Oue to
10. Usual occupation Boser ator of Board and House	
11. Industry or business	Oue to
# 12. Name John D. Keller	
13. Birthplace Middletown, Pid.	Other conditions
# 14. Maiden name Many Kmox	(Include pregnancy within 3 months of death)
14. Malden name. Mary Kmor  15. Birthplace Middletown, Md.	Major findings of operations
18. Informant Harvey Measell	Date of op.
Address Walkersville, Md.	Actopsy results
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cramation comoved. Which?)  Dafe thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or and Reform	Where did injury occur?
Location Middle Lawry, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. S. La. d. L. L. L. L. L.	Means of Injury Injured at work?
Address Middletown, Mid.	() & X ()
C. 12 11 20 193	23. SIGNATURE M. D. prother
19. (Date ree'd) registrar) 19. 7 (a. Eugalella J. Hella. Registrar	Address Dockerville, M. Bate signedling 15, 41

RECEIVED
AUG 20 1916
BUILDEATIVES

The Wallet H. H. Say Mall. T.

#### 2411 N. Charles St., Baltimore 8300 CEPTIFICATE OF DEATH

08052

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Dan	Diet	N-	1 () 1

/		CERTIFICA	IE OF DEATH Reg. D	Pist. No
1. PLACE OF DE	rick		2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infunts give residence of mother)  State. Maryland County Fre	
Hospital, Institution, o	e of death? Life r street address where t B. & O. Av	enue	City or town Frederick  (If outside city or town limits, write RURAL  Street No. 168 B. & O. Avenue  (If raral, give LOCATION)	and give nearest town)
	r institution?		2.(a) If veteran, name war	
3. (a) FULL NAM	CORGE "ALLEN			-10-4368
4. Sex	5. Color or race	6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICA	TION
Male	White	Married	20. DATE OF DEATH August 12	19 46 at4:30 P.M
S.(b) Name of humans.  7. Birth date of deceased (mo., day,		t A. Shull  6.(c) If alive, give age 62 years y 26, 1884	21. I CERTIFY that death occurred on the date above stated; that I	19 am 1946
8. AGE: Year	s Months	Days It less than one day  16	Immediate cause of death Cere hal kremor	Roge
9. Birthplace	rederick, Supt. Can		Due to.	
13. Birthplace E	rederick C	ine ounty, Maryland Englebrecht Maryland	Other conditions (Include pregnancy within 3 months of death  Major findings of operations.	
18. Informant Mrs		Kline	Autopsy results	d be charged statistically.
	Mount	Date thereofAug. 15, 1916 (month) (day) (year)  Olivet Cemetery	22. VIOLENCE: tf death was due to external causes, fill in the for Accident, suicide, or homicide	Date of
		, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	a m cl.			at work?
Address	Frederick	, Maryland	23. SIGNATURE U. G. Bourne	81
19. \3 Que	gistrar)	Elisbeth J. Heck.	Address Frederics Inf	M. D. or other

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 14 1946

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# MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 23-0

#### CERTIFICATE OF DEATH

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à	18		1	1	

	/				Reg. Dist. No.			
1. PLACE OF	DEATH	I: I			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
county Frederick					State Maryland County Frederic	<u> </u>		
City of the Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  Frederick City Hospital					Frederick-Rural R. F. (If outside city or town limits, write RURAL and give	(If outside city or town limits, write RURAL and give nearest town)		
					Street No. Braddock			
How long in hosp		304	Hours	,a <u>r</u>	(If rural, give LOCATION) 2.(a) It veteran, name war. World War I			
3. (a) FULL 1	NAME				3. (b) Social Securi	ty Number		
		RALPH	G. K	LINE	None			
4. Sex	5.	Color or race	8.(a)tingle	married, widowed, or divorced	MEDICAL CERTIFICATION			
M		M		N.	20. DATE OF BEATH August 23rd, 19 4	6 at 11P		
6.(b) Name of kin	shand or v	Mary	Boet	tler	21. I CERLIFY that death occurred on the date above stated; that I attended d	eceased from		
				) It alive, give age 45 years	march 1946, 10 augus	19 70		
7. Birth date of deceased (mo	. day, yr.)	Octobe		1899	and that I last saw hidden. alive on	DURATION		
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death	8 hrs		
	46	10	9	hrs mln.				
9. Birthplace		(Town,	county, and a	Maryland tate)	Due to Hypertension	10 yrs		
10. Usual occup	411911	Preside			Due to			
11. Industry or b	usiness	Economy	Oil	Company				
12. Name	Thor	mas Kli	ne		Other conditions	******		
				ty Maryland	(Include pregnancy within 3 months of death)			
置 14. Malden	name	Cora Ma	y Gro	ssnickle by Maryland	Major findings of operations.	******		
15. Birthpla	ce Fr	ederick	Count	y Maryland	Date of op			
16. Informant	Mrs	. Mary	Kline	•••••	Antensy results			
Address R	F.	D. #5,	Frede	erick, Md.	PHYSICIAN: Please underline the cause to which death should be charge	red statistically.		
Dans	- 7	romoval, Whichi		ot 8/26/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
Cemetery or •		Mount		t Cemetery	Where did injury occur?	(State)		
			ick, l	Maryland	Injured al home, farm, Industry, public place (where?)			
		Nr D		son and Son	Means of trijury Injured at work?			
18. Funerat dire	ctor			Maryland	00 0 0/0,0	M 70		
Address	\		00	' O A O II	23. SIONATURE Charles M. Carely	D. or other		
19. 26 -U	by regist	19.4.6		habeth J. HCch. Registrar	Address Frederick, Maryland Date sign	0 01 10		

VS A15

RECEITABLE

MARYLAND STATE DEPARTMENT OF HEALTH

arles St., Baltimore (97)

# TE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

			2411 N. C		
	/		CERTIFIC		
1. PLACE OF DE					
			***************************************		
City or townJOk	nsville	limits, write F	RURAL and give nearest town)		
			S		
	r street address where	death occurre	d:		
	the second section is				
	or Institution?				
3. (a) FULL NAM	E				
	Mary Fra				
4. Sex	5. Color or race	6.(a)Singl	le, married, widowed, or divorced		
Female	White	S	ingle		
R (b) Name of hunband	l or wife				
7. Birth date of			c) If allve, give agey		
deceased (mo., day, 8. AGE: Year		Der 2	7, 1858		
			hrs.		
	37 9	22	1		
9. BirthplaceL.T.E	MO.J.E.1.93 R. C.	county, and	ederick Co. M		
10. Usual occupation.	Coo		<b>S</b> .S.		
11. Industry or business					
		b			
13. Birthplace	reagerst	own.	Md.		
12. Name. James Kolb.  13. Birthplace Creagerstown, Md.  14. Malden name. Sara E. Shorb					
TO .					
Tis. Britispace Prederick Courty 1910					
16. Informante M	sauce	- ~ 0			
Address Thu	rmont, N	d. R.	D.2		
	al n, or removal. Which		eofAugust22.,19 (month) (day) (year)		
cemetery or crematory St. Anthony !s Shrine Cem.					
Location Emn	itsburg.	Mary	land		
18. Funeral director	1 7	0	ison		
Address Emn	itsburg.	Mary	lando ()		
1		7,	11 F Sheets		
	20 19.44 gistrar)	an affail	Degist		

(For newborn infants give residence of mother)
state Maryland county Frederick
City or town Rural Thurmont R.D.2.  (If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veleran, name war
3. (b) Social Security Number
None
MEDICAL CERTIFICATION
20. DATE OF DEATH Clergary 19 18 46 21 12 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
aug 9 1946 to Ceres 19 1946
and that I last saw II. Ale alive on
Immediate cause of death
arteris pelerosio
Due to.
Due to.
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur?
Injured at home, farm, Industry, public place (where?)
Means of Injury   Injured at work?
2 1 2 2
23. SIGHATURE M. D. or other
11 \ (1/1:)

MARGIN RESERVED FOR BINDING

RECEIVED SEP 4 1946 BURLAUVE

DING INK. Supply every item of information carefully. The correct against please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH I

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08055

#### CERTIFICATE OF DEATH

Pag Diet No 131

			CERTIFICAT	Reg. Dist. No.
Doul	orick  OS  utside city or town li of death? 11 street address where of	Days death occurred:	AL and give nearest town)  E LAWSON	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Frederick  City Doubs  (if outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number  None
			arried, widowed, or divorced	
4. Sex	5. Color or race	S.(a) Single, JM	arried, wildowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH August 1st 19 46 21 9:30 August 1st 19 46 21 August 1st 19 46 August 1st 19 46 August 1st 19 46 August 1st 19 August 1st 19 46 August 1st 19 Augu
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	Tollar		allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  7. 19. 46. to 7. 19. 46.  and that Mast saw h. 6. 7. alive on 7. 19. 4.6.
8. AGE: Years	Months	7.7	It less than one dayhrsmin.	Immediaio cruse ol doath OURATION
9. BirthplaceFre 1D. Usual occupation 11. Industry or business	Infa	nt	= )	Due to
	larence C Frederick		on y Maryland	Other conditions
当 14. Maiden name	Daisy E Frederick	eard Count	y Maryland	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant	larence Coubs, Mar	***************************************	on	Autopsy results
Buria. (Burial Cemeters or communication)		Date thereof.		22. VIOLENCE: tt death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director	M. R. E	tchiso	n and Son	Means of Injury Injured at work?
	Frederi	M	ryland bette 9 Heck. Registrar	23. SIGNATURE M. D.  M. D. or other  Address Frederick, Maryland Date signed 8-2-46



correct age

The

legibly.

Physicians:

important.

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 830

Means of Injury

23. SIGNATURE.

1 7	3%	1.0	01	2
17	0	1 .	3 3	٦
01			0	

## CERTIFICATE OF DEATH

_ 01 /			Reg. Dist. No
2. USUAL	RESIDENCE (HC	ME) OF DE	CEASED:
State Ma	ryland	County	ceased: Frederick
City or town	Mt.	Airy	ts RURAL and give nesrest town)
Street No		rural, give LOC	

How	long	ln	hospital	or	Institution?

How long in above place of death?...

Hospital, institution, or street address where death occurred:

1. PLACE OF DEATH:

County...

3. (b) Social Security Number

Injured at work?

M. D. or other

3. (a) FULL NAME		MA	ARIAN W.		
4. Sex Female	5. Color or race   6.(a)Single, married, widowed, or divorced   Widowed				
6.(b) Name of husband e	Charl eased	****************	Ba Lawson  Of elive, give age	Wager	
7. Birth date of deceased (mo., day, yr.	)	Nov.	24, 1859	Jear	
8. AGE: Years		15	It less than one day	mln,	
9. Birthplace	Ton	New Y	ork		
11. Industry or business  12. Name	latthew M	annir New	ig York	***********	
14. Maiden name	Emma	New	York		
16. Informant	Mt.	Airy	, Marylan		
Buri (Burial, eromation,	al Woodl	Date there	6- 24- (month) (day)	46 (year)	
	x, New W			••••	
18. Funeral director	Wi		Waltz d, Md.	***************************************	
19. (Date reg d by region	2 19 46 strar)	66	rice a. Re	Registrar	

Frederick

(If outside city or town limits, write RURAL and give nearest town)

20. DATE OF DEATH. Quant 19 19	46 31 7:05/
21. I CERTIFY that death occurred on the date above stated; that I attem  April 22 18.46, to Am  and that I last saw hall alive on Aug. 19.6  Immediate cause of death	ded deceased from
and that I last saw held alive on	19.4.6
Immediate cause of death  Cerebral appoplisay	DURATION 4 200
Due to Arderio - Schroeis Hypertension	Zys.
Due to	
Dither conditions Pulmonary Oeden	
(Include pregnancy within months of death)	
Major findings of operations	
Date of o	p
Autopsy results	
22. VIOLENCE: If death was due to external causes, fill in the following	y•
Accident, suicide, or homicide	ot
Where did injury occur? (City or town) (Connty)	(State)
Injured at home, farm, Industry, public place (where?)	

MEDICAL CERTIFICATION



2411 N. Charles St., Baltimore (83-6)

### CERTIFICATE OF DEATH

08057

					,
1.76	Dist		1	4	1
Dan	Dist	No		-	/

1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant vive residence of mother)
County	med the
Cily or town (If outside city or town limits, write RURAL and give nearest town)	State
Now long in above place of dealh? 9 7000	City or town
Hospital, Institution, or small address where death occurred:	Street No. 10 5-A M.
10 5= 114	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mary Enther Low	3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Tenent white friday	2D. DATE DE DEATH RELEASE & P 19. 46, 21 6P
6. J. Loy.	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife (C	Duce 1-46 10 46 10 Reep 2 6 10 4 6
7. Birth date of	and that I last saw h Qoalive on Q
deceased (mo., day, was first 1 4 18 13	Immediate cause of death
8. AGE: Years Months Days If less than one day	A A A A A A A A A A A A A A A A A A A
/3 7 /3mli	eneferal phrambour wool
9. Birthplace (Town, county, and state)	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
ff. Industry or business	
12. Name Julius  13. Birthplace uguna	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Ellew Units  15. Birthplace Vergnina	
5 15 Rithalaca Vinginia	Major findings of operations
MARIE CHOU ( Same De ma)	
16. Informani	PHYSICIAN: Please underline the cause to white Heath should be charged statistically.
Address 10 3 2/11 / Summye M. W.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Rurial of Pration or removal Which?)  Date thereof	Accident, suicide, or homicide
Union.	Where did injury occur?
Cemelery or crematory	
Location della Company	Injured at home, farm, Industry, public place (where?)
18. Funeral director Co. N. Fully & Isan	Misens of Injury Injured at work?
Address Bremanich Md.	to Mai - (// Do
X 1 1 1 1 7 1 9 1 7 1 9 1	23. SIGNATURE M.D. other
Defet 1 19 76 Salking N. Brown	Address Blookiek The Date Signed New 36-4
(Dyte rec'd by registrar) ( Debutte ) Registra	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

SEP 4 1946
BUREAU V B.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: county Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of to:  Frederick  (If outside city or town limits, write RURAL and give  How lone in above place of death?  Lifetime	state Maryland county Frederick  City or term Frederick (If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:  708 North Market Street  How long in hospital or institution?	N
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE ERNEST MAGAHA	
4. Sex 5. Color or race 6.(a) Single, married, widowe	ed, or divorced MEDICAL CERTIFICATION
Male White Divorced	
6.(b) Name of heatpast or wife Esta Zecker	
7. Birth date of	
deceased (mo., day, yr.) August 13, 1879	
8. AGE: Years Months Days If less than or	one day Ouration OURATION
66 11 30hrs	15. min, with pleaning
9. Birthplace Burkittsville, Frederick C	Co., Md. Due to Affronce Shop
10. Usual occupation	Due to artigo sclerasios
11. Industry or business	with hypertension 47 set
12. Name George William Magaha 13. Birthplace Virginia	
14. Maiden name Mary Elizabeth Sigler	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace Virginia	Dale of on.
16. informant E. Paul Magaha	Aulousy results.
Address Frederick, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof Aug. (month)	1/1. 19/16
Cemetery or canada, Mount Olivet Cemetery	Where did injury occur?
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. E. Cline & Son	Means of Injury Injured at work?
Address Frederick, Maryland	Botherman
19 13-aug 1941 Elizabett	Heck 23. SIGNATURE M. D. or other 722 described 222 described 222 described 223 descri

RECEIVED AUG 14 1946 BUREAU T 8 MARGIN RESERVED FOR BINDING

9-45-1

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

### CERTIFICATE OF DEATH

080594

	Reg. Diat. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give recidence of mother)  State
4. Sex (5. Color or gace 6.(a) Single, married, widowed, or givorged male white manual	MEDICAL CERTIFICATION  2D. DATE OF DEATH 18.44 21/45 M
8. (b) Name of husband or wife  8. (c) If aire, give age 7.3 years  7. Birth date of deceased (mo., day, yr.) 9. 2. 2. 3, 8.7.4  8. AGE: Yeare Months Days If less than one day hrs. min.  9. Birthplace (Town, asynty, yd syste)  10. Usual occupation 3.0 P.	21. I CERTIFY the test occurred on the date above etated; that attraced deceased from  19 10 19
16. Informant	Autopsy results

RECEIVETO SEP 2 1946 BUREAU V 15 MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

# CERTIFICATE OF DEATH

08060

131

I. PLACE OF DEATH:  County Frederick  Charles fown Dickerson-Rural R. F. D. #1  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or term Dickerson-Rural R. F. D. #1  (If outside city or town limits, write RURAL and give nearest town)  Furnace Ford			
Furnace				(If rural, give LOCATION) None  3. (b) Social Security Number None		
3. (a) FULL NAME	WILLIA	M HER	BERT MCKIMMEY			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M	W		M		17th, 1946	11:25P
B.(b) Name of bushend of	Decemb		) If alive, give ageyears	21. I CERTIFY that death occurred on the date above August 15th, 19.4 and that I last saw h. im.alive on	6 August	17,1946
deceased (mo., day, yr.  8. AGE: Years 68	Months	Days 27	If less than one dayhrsmln.	Cerebral hemorrhag		
Marithniace LO	Farmer arles F. udoun Co	McKi unty	mmey Virginia	Due to Cardiovascular ease Due to Cardiovascular Other conditions		?
14. Malden name 15. Birthplace LO  18. Informant				(Include pregnancy within 3 m	Date of op	
Address R. F.	D. #1,	Dicke	rson, Md.	PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external caus	ch death should be charged	statistically.
Cemetery or crematory.  Burial  Bate thereof 8/20/46  (month) (day) (year)  Cemetery or crematory.  Mount Olivet Cemetery  Frederick, Maryland				Accident, suicide, or homicide	(County)	(State)
M. R. Etchison and Son  18. Funeral director Frederick, Maryland				Means of Injury	Injured at work?	
		0.0	izaleta & Heck.	23. SIGHATURE CHARLES Mar	Conley M.D.	M. D. 8-19-46

RECEIVED

MG 20 1946

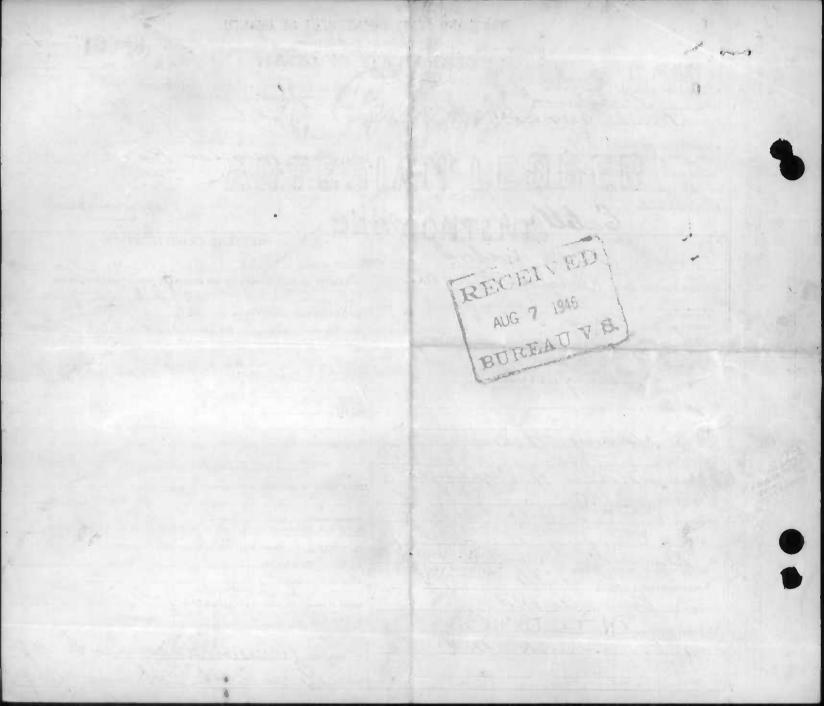
RUBLE TV 5.4

Evidence for additMARYLAND STATE DEPARTMENT OF HEALTH

of date of death is shown on

2411 N. Charles St., Baltimore 50

(If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. August 1, 1946 21. I CERTIFY that death occupied on the date above stated; that I alterded deceased from DURATION (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (State) (County) Injured at home, farm, Industry, public place (where?) ... injured at work? Registrar (Date rec'd by registrar)



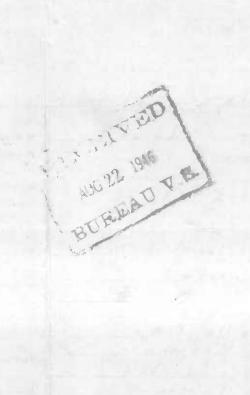
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

# CERTIFICATE OF DEATH

	(1)	511	0%	, ,	
X	Reg. Dia	t. No	/_	40	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Fr - dex 10	
(If outside city or town Halits, write RURAL and give nearest town)	- mules and
	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
C 1 1 1 Palman	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4, 30	10
Pemale white Widowed	20. DATE OF DEATH. Queg 18 1946 at 4-A.M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	July 30 1946, 10 Ching 18 1946
5. (c) If alive, give age	and that I last saw h. L.Z. alive on
deceased (mo., day, yr.) Rpv. 1 2 3, 18 70	Immediate cause of death
8. AGE: Years Months Days If less than one day	
76 3 25hrsmin.	Cerebral Hemorrhage July 30
9. Birthpiace Mycysyille Frederick Co. Md.	Due to
10. Usual occupation. House	Due to
11. Industry or business	
12. Name Lawis Moser	Other conditions
13. Birthplace Myersville, Md.	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
\$ 15. Birthplace Myersylla, Fld.	Date of op.
16. Informant Albert L. Palmer	Autopsy results
Address Myersyilles Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17 But (Burial, cremation, or removal, Which?)  [Burial, cremation, or removal, Which?]  [month] (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. D. R. Cennettery	Where did injury occur?
4	Injured at home, farm, industry, public place (where?)
Location Control Location	Means of Injury Injured at work?
18. Funeral director.	^
Address Middletown Md.	15 Hanh Mas
C 60 11 831 1 1 711	23. SIGNATURE M. D. or other
19. Cerca 20 1946 Alagar Killing	Address Maly tour Date signed 8 -19-46



9-45-1

A15 ASA

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Beltimore

# CERTIFICATE OF DEATH

-1.--

1. PLACE OF DEA	rick Buck	eystow	VI). RAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m state. Maryland Coun Frederic	Frederick
How long in above place	6	Months	3	(If outside city or town limits.	write RURAL and give nearest town)
Hospital, Institution, or	street address where	death occurred:		Street No. 116 West Four	rth Street
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••	(If rural, give I	LOCATION)
How long In hospital or	Institution?			2.(a) If veteran, name war None	***************************************
3. (a) FULL NAME					3. (b) Social Security Number
5. (a) POLL HAMI	JAMES C	RANT F	OOLE		None
4. Sex	5. Color or race	6.(a)Singler	married, widowed, or divorced	MEDICAL CE	RTIFICATION
M	W		M	20. DATE OF DEATH Augus	st 6th , 46 , 11:551
6.(b) Name of husband 7. Sirth date of deceased (mo., day, )	Docemi		Il alive, glve ageyears	21. I CERTIEY that death occurred on the dale above and that I last say I alive on	" " " " " " " " " " " " " " " " " " " "
8. AGE: Years		Days	If less than one day	Immediate care death.	11-
80		30	hrsmln.	" Dencal	Jemilla out
9. Birthplace Clarksburg-Montgomery-Maryland (Town, county, and state) Retired Watchman				Due to Aster Seri	mã byum
10. Usual occupation		Brush	n Company	Due to"	(f
	Tames Por	le			
E 12. Name			nown	Viner conditions	
13. Birthplace	36 Dr	UIIKI	TOWII	(Include pregnancy within 3 m	onths of death)
14. Maiden name.	Mary Bu	ixton		Major findings of operations	
2 15. Birthplace	Montgomer	ry Cour	nty Maryland	Major manage of operation	
16. Informant M3	es. Grace	Pool	9	Autopsy results	
.o. morman			rederick, Md.	PHYSICIAN: Please underline the cause to wh	
D	1			22. VIOLENCE: If death was due to external cause	ses, fill in the following;
Buria.	, or semeval. Which	Date thereo	1. 8/9/46 (month) (day) (year)	Accident, suicide, or homicide	Dale ol
Methodist Cemetery				Where did Injury occur?(City or town)	(County) (State)
Cemetery or seemate	<b>by</b>				
Location	Kempto	own, Ma	aryland	Injured at home, farm, Industry, public place (wh	lere?)
18. Funeral director	M. R.	Etchi	son and Son	Means of Injury	Manager at works
Address	Freder	rick, l	Maryland	4/1 Ne	dra M. D.
19. 7-Que	gistrar)	Elin	abeth J. Hech	23, SIGNATURE Address Frederick, Mar	M. D. or other



M R. Etchison 34 Low

M A	DVI	AND	CTATE	DEPARTMENT	OF	HEALTH
YI A	KIII.	(INA	SIAIR	DEPAREMENT	Ur	nr.al. ir

2411 N. Charles St., Baltimore 932

### CERTIFICATE OF DEATH

18.64 Reg. Dist. No. 144

County / Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State MD County Fraderk  City or town Hansonyilla  (If outside city or town limits, write RURAL and give neerest town)  Street No.		
How long in hospital or in	nstitution?		2.(a) If veteran, name war			
3. (a) FULL NAME	Effie	May Putman	3. (b) Social Security Number			
4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divor	rced	MEDICAL CERTIFICATION  20. DATE OF DEATH		
	••••••••••••••••••••••••••••••••••••••	vin L. Putma  6.6) If alive, give age		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. Attached to the state of the state o		
8. AGE: Years 72	Months	Days If less than one day	mln.	Immediate cruze of death Sulfation DURATION DURATION		
9. Birthplace Creagerstown Fredk Co MD  (Town, county, and state)  Housewife  10. Usual occupation				Due to My venue Service June 10. A there is the service of the ser		
12. Name	reagerst	0	MD	Other conditions		
置 14. Maiden name	Mary E reagerst	. Valentine.		(Inciede pregnancy within 3 months of deeth)  Major fiediags el operatices		
16. Intermant		utman	Autopsy results			
Burial (Burial, cremetion, c	or removal. Which?)	Aug 97	22. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide			
Address	Thurs	nont. MD.	Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  Address  Address  Date signed			
- U		<u> </u>	Registrar	2041549		

RECHIVED AUC 28 1916 BUREAU V 8

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

# 08065

# CERTIFICATE OF DEATH

Reg. Dist. No.

City or town (If outside city or town limits, write BURAL and give nearest town)  How long in above place of death?  Horbital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)  State  County  County  City or town. (If outside city or town limits, write RURAL and give uearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Mary Eatharine	Zuich  3. (b) Social Security Number
4. Sex 5. Color or tage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F 21 2Vidou	20. DATE DF DEATH 31 august 19.46, at 8:00 PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 30 august 19.46, to 30 august 19.46
7. Birth date of	7 2 4 5 / / / / / / / / / / / / / / / / / /
1. Birth data of deceased (mo., day, yr.) Oct. 25. 1869	
8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death
76 10 6min.	My cardial failure
8. Birthplace	Due to Threatensian t
1D. Usual occupation	Dus to
11. Industry or business	
12. Name Benjame Horgan	Diher conditions
E 14. Maiden our five retire Harris	(Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplace Maryland	Bate of op.
21. 2	
Address Woods for 24d	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brund Bate tharest Sept. 1946	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	
cemetery or complexy Miles Servelle	Where did injury occur?
Location from Machines Source 199	Means of thiury
18. Funeral director	2 1-1 0 110
Address Novolstoro Mgd.	23. SIGNATURE James ( Stoner & 101)
One rec'd by recistrar	Address 1) al hersielle, Marie sprad 3/ lug 46

INTERNATION PRADRICES

SEP 5 1946 FUREAU V.S.

charged statistically.

injured at work?

(State)

information carefully. The correct age of death clearly and legibly. every item of the causes write UNFADING INK. Suppart. Physicians: please WITH UNF important.

MARGIN RESERVED FOR BINDING

is especially

Location

Address

1B. Funeral director.

(Date rec'd by registrar)

WRITE PLAINLY PLEASE VS A15

### CERTIFICATE OF DEATH

CE OF DEATH: Frederick  Frederick  (If outside city or town limits, write RURAL and give nearest town) In above place of death?  In stitution, or street address where death occurred:  O West Fifth Street  In hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  County Frederick  City or term (If outside city or town limits, write RURAL and give nearest town)  Street No. 220 West Fifth Street  (If rural, give LOCATION)  None  2.(a) If veteran, name war.
FULL NAME	3. (b) Social Security Number

3. (a) FULL NAME			
	ELLA	ESTELLE	REESE

1. PLACE OF DEATH: Frederick

How long in above place of death?

How long in hospital or institution?.

City or ton

4. Sex

MEDICAL CERTIFICATION 46 at 7:45A ded deceased from

F. W	W	2D. DATE OF DEATH August 7th
(6) Name of husband or Willia		21. I DERTIFY that death occurred on the date above stated; that I att
deceased (mo., day, yr.)  B. AGE: Years Months 74 7	Days If less than one day 21hrs.	Immedia prause of death  Office of the second of the secon
O. Usual occupation	nty, and state)	Due to Du
13. Birthplace Frederick Unknown	County Maryland  nknown	(Include pregnancy within 3 months of death)  Major findings of operations
Franklin B.  Address 638 Trail Ave.		Autopsy results
Burial (Burial, cremation, or removal, Which?)	Date thereof (month) (day) (year)  livet Cemetery	22. VIOLENCE: 11 death was due to external causes, fill in the follow  Accident, suicide, or homicide

6.(a) Single married, widowed, or dispress

Frederick, Maryland

Frederick, Maryland

M. R. Etchison and Son

Injured at home, farm, Industry, public place (where?) ...... Meens of Injury

Frederick, Maryland .. Date signed ..



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

### CERTIFICATE OF DEATH

	080	67 No. 141
0	Reg. Dist.	No. 1. 7. 1.

1. PLACE OF REATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	22 1
Cily or town	State County County
2 [ ]	(If outside city or town limita, write RURAL and give nearest town)
How long in above place of dealh?	
	Streel No
	2.(a) If veteran, name war 722-05-4769
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or rape   6.(a)Single, married, widowed, or divorced	AMERICA CERTIFICATION
4. Sex 5. Color or rape 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
19 W Single	20. DATE OF DEATH CLEG S 19.46 at 1 + 6 M
	21. I CERIFY that death occurred on the dale above stated; that Lattended deceased from
8.(b) Name of husband or wife	aug 7 1046 10 aug 8 1046
5.(c) If alive, give age years	and that I last kaw h 144 alive on Coupy 19.86
7. Birth dale of deceased (mo., day, yr.) + the 7 4, 1877	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
69 5 24 hrs. min.	Sulland Harden ada
9. Birthplace Maryland	Oue to
fown, county and state)	
10. Usual occupation.	Due to
11. Industry or business	
	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden nam Mary Come Butches	Majar findings of operations
14. Maiden nam Many Com Sutches  15. Birthplace Many land	
ms. P. V. D.	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / musnick Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Buril Bate thereof 8-11-46	
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, entered, of the state
Cemetery or crematory and Reylis	Where did injury occur?
Bruwweck mak	Injured al home, farm, Industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director.	del Drage
Address mussing mad	Market 60
	23. SIGNATURE M. D. or other
19. aug 1/ 19. 46 Cugania H. Buch	Address Diener Will Date signed 849/46

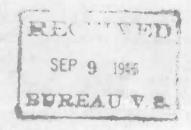
AUG 14 1946
BUREAU V B

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infante give residence of mother)		
County FV & de L	State Md		
City or town (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town (If outside city or town limit, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
/	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sarah Elizabeth Robren	- Co		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white Married	20. DATE OF DEATH (LU Q 3 / 19 15 21 735 AM		
8 (b) Name of bushand or wife Harry D. Robers	21 I CERTURY that death occurred on the date above stated: that I attended deceased from		
0.(c) Hame of Hospana of Historia	Mug 14 1946 to Mug 31 1846		
7. Birth date of	and that I last saw h 11 allve on aug 30 1946		
deceased (mo., day, yr.) H PY 1 5 1004	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
62 4 23nrs. min.	Carcinoma & Resain 5 wks!		
9. Birthplace Middle Lois Mitte derice 6 - Md - (Town, equnty, and state)	Due to		
10. Usual occupation. May see S. S.	Due to		
11. Industry or business	Λ		
E 12, Name John H Lut-	Other conditions as auroma & lung not known		
13. Birthplace Middleton Md.			
	(Include pregnancy within 3 months of death)		
E 14. Maiden name K. T. Q. L. M. L. R. C. L. M. C. L. M. L.	Majar findings af operatinus		
14. Malden name. K. K. S. M. L. Remarks.  15. Birthplace My 2. 2 V. 11 = 1 Md.	Date of op.		
16. Informant Marry Robres	Autopsy results.		
Address Widdle town. Md.	PHYSICIAN: Please underline the cause in which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
17. (Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Luthe rain Cometery	Where did injury occur?		
location Middle town, Md.	Injured at home, farm, Industry, public place (where?)		
011:11:11	Meens of Injury Injured at work?		
18. Funeral director	(10/1/20)		
Address Middle town 1110	23. SIGHATURE & Harp M. D. or other		
10 Dept 6 19 46 Stage Sitter	Address Mad Aletow Date signed 9-1-46		
(Date red'd by registrar) Registrar	Address Date signed .		



THE RESIDENCE OF THE PARTY OF T

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

08069

	Diat.		-	2	1
Reg.	Dist.	No.		)	04

	· · · · · · · · · · · · · · · · · · ·	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Middletown	Stale Maryland County Frederick	
-(If outside city or town limits, write KUKAL and give nearest town)	Middletown	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)  Main Street	
Main Street	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
FRANK HOFFMEIER RUDY	None	
4. Sex 5. Color or race B.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M W M	20. DATE OF DEATH August 1st, 1946 at 7:30A	
6.(b) Name of husband or wife Mamie R. Castle	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from	
7. Birth date of Santambar 27 1977	18 4 4 10 Day 19 46	
7. Birth date of deceased (mo., day, yr.) September 27, 1877		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	
68 10 4mirs.	Cerebral Sclerosis: 1/2 ms	
s. Birthpiace Middletown-Frederick-Maryland (Town, county, and state) Retired Merchant  11. Industry or business	Due to.  Due to.  Due to.	
12. Name T. Carlton Rudy	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Mary Ellen Lightner 15. Birthplace Frederick County Maryland 16. Informant Mrs. Mamie Rudy	Major findings of operations. More	
15. Birthplace Frederick County Maryland	Date of op.	
16. Informant. Mrs. Mamie Rudy	Antopsy results. Noza.  PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Middletown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial (Burlal, cremation, or removal, Which?)  Burial (Burlal, cremation, or removal, Which?)  Burial (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Lutheran Cemetery	Where did injury occur? (City or town) (County) (State)	
Middletown, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director M. R. Etchison and Son	Maans of Injury None - Injured at work?	
Address Frederick, Maryland	S Hark	
19. aug 3 1946 main Gladhill	23. SIGNATURE M. D. or other	
(Date rec'd by registrar) Registra	Address Midaletown, Maryland Date signed 8-1-46	

RECEIVED

AUG \* 1945

BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 1370

08070

Rog. Dist. No...

132

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Findallia 6	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For his born infants give residence of mother)  State
(If outside city or town limits, write RURAL and give nearest town)	Midditary
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilai, institution, or street address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
( ) evige Namel May	217-05-1645A
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Marle Mutt Single	20. DATE OF DEATH. CLL P. 1946, at 477
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the page above stated; that I attended daceased from
	June 1943, 10 Clarg 1 1946
7. Birth date of deceased (mo., day, yr.) AAA . 6 . 1817	and that I last sawh
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
69/ 6 25hrsmin.	Carling Francisco April 1
Middletown Fredericks Country Md)	Commo rascular-sluga
9. Sirthplace	Due to.
10. Usual occupation	Due to
11. Industry or business	
量 12. Name Devryeb, Tuly	Other conditions
13. Birthplace Meddletation, Ma	
14. Malden name 6 lmura 6 perkram	(Include pregnancy within 8 months of death)
14. Malden name. Q. M.	Major findings of operations.
1) AVA C. ACH ALL	Date of op.
(11:40+) 54.11)	Autopsy results
Address 2 ////Addummy // //	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whileh?)  Date thereof	Accident, suicide, or homicide
Cemelery or crematory Relating d Chronical	Where did injury occur? (City or town) (County) (State)
Middettam, may 9	Injured at home farm, industry, public place (where?)
Location	Means of Wjury Injured at work?
18. Funeral director	001/120
Address // MARITAMAN, MIL	23. SIGNATURE ROUP MU
19 Cing 3 1846 marie Gladbell	M, D, or other
(Date rec'd by/egistrar) Registrar	Address // All True Date signed 8 - 2 - 44

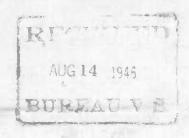


### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore (464)

08071

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  Frederick  Frederick-Rural R. F. D. #3  (If outside city or town limits, write RURAL end give nearest town)  How long in above place of death? 3 Weeks  Hospital, Institution, or street address where death occurred:  Grant Street  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City Frederick-Rural R. F. D. #3  (If outside city or town limits, write EURAL and give nearest town)  Street No. Grant Street  (If real, give LOCATION)  2.(a) If veteran, name war. None
3.(a) FULL NAME  JOHN DAVID SHANKLE	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowed, ar tilvest	MEDICAL CERTIFICATION
M W W	20. DATE DF DEATH August 12, 1946 at 11:55
6.(b) Name of heads HAP or wife Christina E. Buckingham  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  January 12, 1865	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 46. to
8. AGE: Years Months Days If less than one day	Immediate cause uf death DURATION
81 7 0hrsmin.	Colored Livering
9. Birthplace Nr. Charlesville-Frederick-Md.  (Town, county, and state)  10. Usual occupation. Retired Farmer  11. Industry or business	Due to
David J. Shankle  12. Name David J. Shankle  13. Birthplace Frederick County Maryland	Bther conditions
14. Maiden name Harriett E. Stull 15. Birthplace Frederick County Maryland	(Include pregnancy within 8 months of death)  Major fiadings of operations
Franklin M. Shankle  Address R.F.D.#3, Frederick, Maryland	Autopsy results
Burial  Burial  Bate thereof. 8/15/46  (Burlal, ceamation, or removal Which?)  Cemetery or exematory.  Bate thereof. (month) (day) (year)  Cemetery or exematory.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Frederick Meryland	tajured at home, farm, Industry, public placo (where?)
LODUTION A	Means of injury injured at work?
18. Fueeral director M. R. Etchison and Son Address Frederick, Maryland	RuBan M. D.
19. \\ \frac{13 - Ourg.}{(Date rec'd by registrar)} \\ 19. \( \) \	23. SIGNATURE M. D. or other Frederick, Maryland Bate signed 8-13-46



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

08072 Per Dist No /38

	Reg. Disc. No
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write EURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Sireet No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Walter Frankle	lin Lier 3. (b) Social Security Number 2-19-07-4868
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m I married	20. DATE DF DEATH. aug. 23 19.46, at 9-P. M
6.(b) Name of husband or wife margaret Uniberge 6.(c) If alive, give age 5	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19
7. Birth date of deceased (mo., day, yr.) may 16-1892	and that I last saw halive on
8. AGE: Years Months Days If less than one day  54 3 7hrs.	min. Caronary Chronilonis Instance
9. Birthplace. I gamwille - Frederick Ca h (Town, county, and state) Retired Franchisco	Due to.
10. Usual occupation	Due to
12. Name. Joseph B. Sier 13. Birthplace Frederick Co. Ind.	Other conditions
14. Maiden name Sarah Ford Sier  15. Birthpiace Frederick Ca. Ind	(Include pregnancy within 8 months of death)  Major findings of operations.
2 15. Birthpiace I rederick Ca. mil	Date of op.
16. Informani muo, A. J. Sier	Autopsy results
Address Jamevelle - M  17 Burial Date thereof 8-27-40	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Wbich?)  Date thereof (month) (day) (year Cemetery or crematory Montovia Cemetery	Accident, suicide, or homicide
more and in the many	Injured at home, farm, Industry, public place (where?)
Location 20:	Means of Injury Injured at work?
18. Funeral director. C. E. Cline + Son	months of injury
Address Frederick - Ind.	23. SIGNATURE. Charles 14 Corley J. M. D.
19. 2 to dua 1944 Succas 1. + al con Regi	istrar Address Frederick, med Date signed 8/26/4 6



### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

08073

1. PLACE OF DEATH: County Frederick  Bity Frederick—Rural R. F. D. #1 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 Years Hospital, institution, or street address where death occurred: Near Mount Pleasant How long in hospital or institution?  3. (a) FULL NAME  WILLIAM KENNETH SMITH			URAL and give nearest town)	Frederick-Rura  (If outside city or town limits, write the Near Mount Please (If rural, give LOCA None	Frederick  R. F. D. #1  RURAL and give nearest town)  a sant  WION)	
4. Sex	5.	Color or race	6.(a)6higle	, married, widowed, or divorced	MEDICAL CERT	IFICATION
M		W		M		7 1946 18115 1
		Nora	B. Si	mi th	20. DATE OF DEATH	
						10 aug 17 19 46
4. Birin wate ut		Septem		If alive, give age 51 years	and that last saw have alive on line	17 17 / 1946
8. AGE:	, day, yr.) Years	Months 1	Days	It less than one day	Immediate cause of death	DURATION
o. Aue:	54	11	15	hrs. min.		
1D. Usual occu	pationO]	perated Own Sto	Grocere Grocere	ery Store	Due to	
		liam C.			Other conditions	
				ty Maryland	(Include pregnancy within 3 months	of doubh
里 14. Maldeo	name	Sarah B	ussar	Q	Major findings of operations	
2 15. Birthpla	ce Fre	ederick	Coun	d ty Maryland	Major numugs of operations	
16. Intermant	Mrs	Nora	Smith	***************************************	Autopsy results	
Address R.	F. 1	D. #1,	Frede	rick, Maryland	PHYSICIAN: Please underline the cause to which de-	ath should be charged statistically.
(Burial, cres				t Cemetery	22. VIOLENCE: If death was due to external causes, fill Accident, suicide, or homicide	(County) (State)
Frederick, Maryland  M. R. Etchison and Son				injured et home, farm, Industry, public place (where?)		
18. Fuoeral dire			***************************************	***************************************	Meane of Injury	Injured at work?
Address	***	Freder	ick,	Maryland	Sta 1. 130	all, U.S.
19. 19-0	tta by registra	19. <b>( 6</b>	Eli	palette y. Hech.	23. SIGNATURE ADDICE.	M. D. or other  Date signed 8/17/46

MILETON TERMINASIN STATE OF THE STATE OF THE

AUG 20 1946
BUREAU V.8

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### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 13-11 CERTIFICATE OF DEATH

08074

			3	20
TO.	Dist.	Th.T		34

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Mary land County  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 1820 Jackson Ste (If rural, give LOCATION)  2.(a) If veteran, name war
Frank H. Snyder	3. (b) Social Security Number 212-12-7764
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH Augus t 7  19. 46 at 1:25P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from June 13 19.45, to August 7 19.46 and that I last saw h. im alive on August 7 19.46 Immediate cause of death.
8. AGE: Years Months Days If less than one day 65 10 0	Pulmonery Tuberculosis 2 Yrs.
9. Birthplace Hancock, Maryland (Town, county, and state)  10. Usual occupation Machinist  11. Industry or business  12. Name John Snyder  13. Birthplace Germany  14. Maiden name Mary Albrighton  15. Birthplace Cambridge Md.	Due to
16. Informant Mrs. Margaret Snyder (Sister- Address	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof. 8/9/46 (Burial, cremation, or removal, Which?) Cemetery of Committy Cedar Hill Location Baltimore, Md.	Accident, suicide, or homicide
18. Funeral director. Howard Blight, Jr.  Address 4914 Belair Rd., Baltimore Md.  19. August 79 46	23. SIGNATURE M. D. KRUEK  M. D. KRUEK  M. D. KRUEK  M. D. KRUEK



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30 1

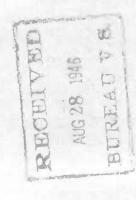
08075

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CERTIFICATE	Ur	ULAID

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		7				

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)	Frederick-Rural R. F. D. #4		
How long in above place of dealh? 3 Years	Frederick-Rural R. F. D. #4  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:  Near Buckeystown	Street No. Near Buckeystown		
	(If rgral, give LOCATION) NONO		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ETHEL MAY STONE	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W M	20. DATE DF DEATH August 23rd, 1946 at 4:50A		
6.(b) Name of husband of George H. Stone	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Afrif 1846, 10 ang 22m 19 4/9		
7. Birth date of Sont ambor 0 7004	and that I last saw h		
deceased (mo., day, yr.) September 9, 1894	Immediate cause of death BURATION		
8. AGE: Years Months Bays It less than one day  51 11 14 hrs. min.	Mestern of Dung owen		
9. Birthptace Frederick County Maryland (Town, county, and state)	Due a poet your y		
At Home	PART		
19. Usual occupation	Due to.		
11. Industry or business			
12. Name Charles Krantz	Other conditions		
13. Birthplace Frederick County Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Elmegia Bast	Major findings of operations		
15. Birthplace Frederick County Maryland	Collman of Mark Dato of op. 1942		
Elmegia Bast  14. Malden name Elmegia Bast  15. Birthplace Frederick County Maryland  16. Informant George H. Stone	Autopsy results.		
Address R. F. D. #4, Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burial 8/26/46  (Burial, eremation, erremovat. Walship)  Bato thereof 8/26/46  (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or Commetery Mount Olivet Cemetery	Where did injury occur? (City or town) (County) (State)		
Frederick, Maryland	Injured at home, farm, industry, public place (where?)		
EUCETON	Means of Injury ( injured at work?		
18. Funeral director. M. R. Etchison and Son	Ti 1 1/2 1/21		
Address Frederick, Maryland	23 SIGNATURE HUMM TO M. D.		
1, 26- aug 1946 Elisabeth & Heck-	M. D. or other		
(Date read by registrar)	Address Frederick, Maryland Date signed 8-24-46		



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### MARYLAND STATE DEPARTMENT OF HEALTH

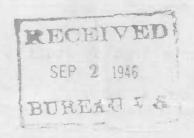
2411 N. Charles St., Baltimore 94 a

08076

### CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  County  Frederick	
City or town	City or town Near Mountaindale  (If outside city or town limits, write RURAL and give nearest town)  Street No.	
How long in hospital or Institution?	(If rural, give LOCATION) NO 2.(a) If veteran, name war	
3.(a) FULL NAME Ida May Stull	3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced    Female   White   Married	MEDICAL CERTIFICATION	
6.(b) Name of husband or wife. Clarence Bradley Stull	20. DATE DF DEATH 19. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.	
72 years 7. Birth date of deceased (mo., day, yr.)  September 24, I880	Immediate caucil death DURATION	
8. AGE: Years Months Days If less than one day 65 II 4	Lopeny (Colfini 13/m	
9. Birthplace Charlesville Frederick Co. Md (Town, county, and state) Housewife	Due to Astern Oslimme Conflin	
11. Industry or business	Due to John Jun Jun	
Daniel H. Wachter.  12. Name. Daniel H. Wachter.  13. Birthplace Bethel, Md.	Other conditions	
14. Maiden name Catherine Tyler. Yellow Springs. Md	(Include pregnancy within 8 months of death)  Major findings of operations	
16. Informant Clarence B. Stull Address Frederick, Md. R.F.D.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burial  (Burial, cremation, or removal. Which?)  Charlesville Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Charlesville, Md.	Where did injury occur?	
18. Funeral director. M. L. Creager & Son Address Thurmont, Md.	Meens of Injury Injured at work?	
19. Aug. 30 19. Ho Blanche S. Eyler Registrar	Address Date signed L. C. G.	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

# CERTIFICATE OF DEATH

- 1	08077	
w'	121	
1	Reg. Dist. No. 131	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County tradariak	State M.d. County Frank rick	
City or town (If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest to	wn)
Hospital, institution, or street address where death occurred:	Street No.	
Frederick lity Hospital	(If rural, give LOCATION)	
How long In hospital or institution? 2 5	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	er
01. 1. 0 7 - ale an		
4. Sex 5. Color or race 6.(a) Single; married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white Married	20. DATE OF DEATH August 26. 19.45 at 1.5	M. D.O.O.s. M
8.(6) Name of husband or wife Sallie 4. Zecker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	5 august 1946, 10 26 august	10.46
7. Birth date of deceased (mo., day, yr.) May 11, 1881	and that I last saw h. Land	19.44
		DURATION
o. Adai	arlania	wks.
65 3 15hrs. min.		
9. Birthplace Burtist skille trederick b. Md.	Due to Alyperllusing Cardis -	
(Town, county, and state)	vaskular dislane. 24	20.(3)
10. Usual occupation fax	Due to	
11. Industry or business		
# 12 Name William Q Zecker	Other conditions Benju prostetic	A
12. Name Williamore & Zeoker	4 4	Ş
# 14. Maiden name Margaret Dean	Therade pregnancy with a material of deadly	
	Major findings of operations.	
\$ 15. Birthplace Borkittsville, Md.	Date of op	
18. Informant Edg 2x 40000	Autopsy results	
Address Middletown, Old,	PHYSICIAN: Please underline the cause to which death should be charged statistic	ally.
	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial, econotion, or removal. Which?)  (Burial, econotion, or removal. Which?)  (month) (day) (year)	Accident, sulcide, or homicide	
Cemetery or orometer Listheran lemetery	Where did injury occur?	e)
Location Middle town, Md.	Injured at home, tarm, Industry, public place (where?)	
2	Meens of injury injured at work?	
18. Funeral director.	mouns of injury	
Address Mid Eletown, M.L.	(Objected to Corelan) by	1.10
CO. 1 4-0.11.0	23. SIGNATURE.	r ,
(Date rec'd by registrar)  Registrar	Address Frederick, Md Date signed 8/2	1

RIA.

AUG 29 1946

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